

Name  
in  
Full

Dorothy Acre

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Downes Station</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>8</u>	Day <u>25</u>	Age <u>2</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Calves</u>	Birth-place <u>New York City</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Curtis Rose</u>	Father's Birthplace <u>Ind.</u>					
Mother's Maiden Name <u>Replie Matthews</u>	Mother's Birthplace <u>Mrs.</u>					
Name of person giving Information <u>Curtis Acre</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary

Meningitis

(61)

How long

three weeks

Immediate

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Robby Hackett M.D.  
Queen Anne  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

Thomastown

Name  
in  
Full

Fredrikke Boeley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

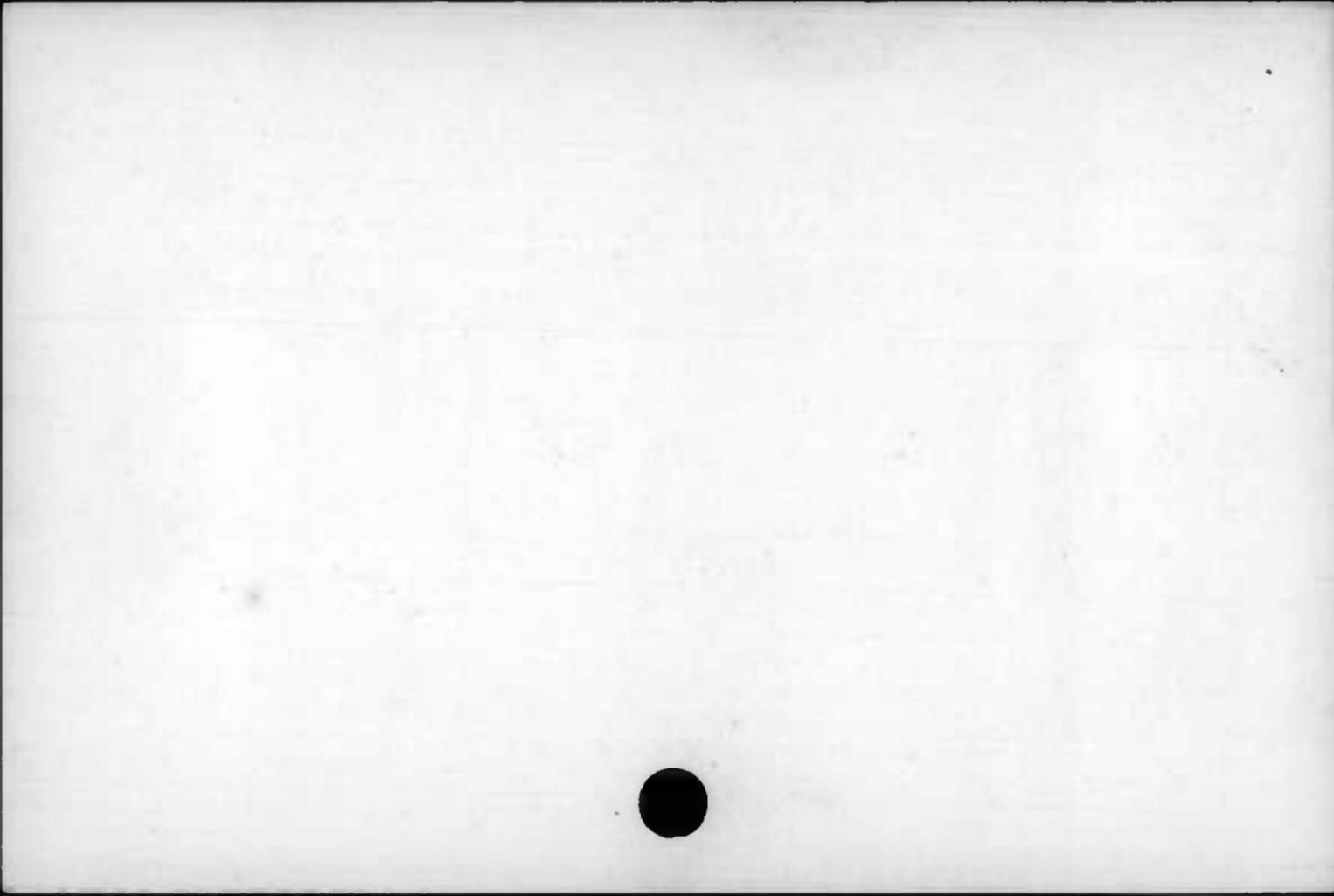
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Gunne Lewis				
Mother's Maiden Name	Hattie Brown				
Name of person giving information	Hattie Brown				

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Chilera Infantum	How long	Zicodah's
Immediate	Exsanguination	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. Miller
		Address	Druton Md.
Accident or Suicide?			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John J. Barnes

CERTIFICATE OF DEATH

Died at Drulm

Town

Caroline

County

MARYLAND

Date  
of death 1907

Month  
8

Day  
21

Years  
67

Age  
67

Months  
—

Days  
—

Sex

Male

Color or  
Race

Brown

Birth-  
place

Virginia

Occupation

Blacksmith

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah J. Barnes

Father's  
Name

Henry Barnes

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Agnes Turner.

Mother's  
Birthplace

Virginia

Name of person giving  
Information

Sarah Barnes

How related  
to deceased

Wife

CAUSES OF DEATH

Primary

Bright's Disease

120

How long

3 months

Immediate

Gent. Failure

How long

Modern

Are the name, age, sex, color, date  
and place correctly given above?

yes

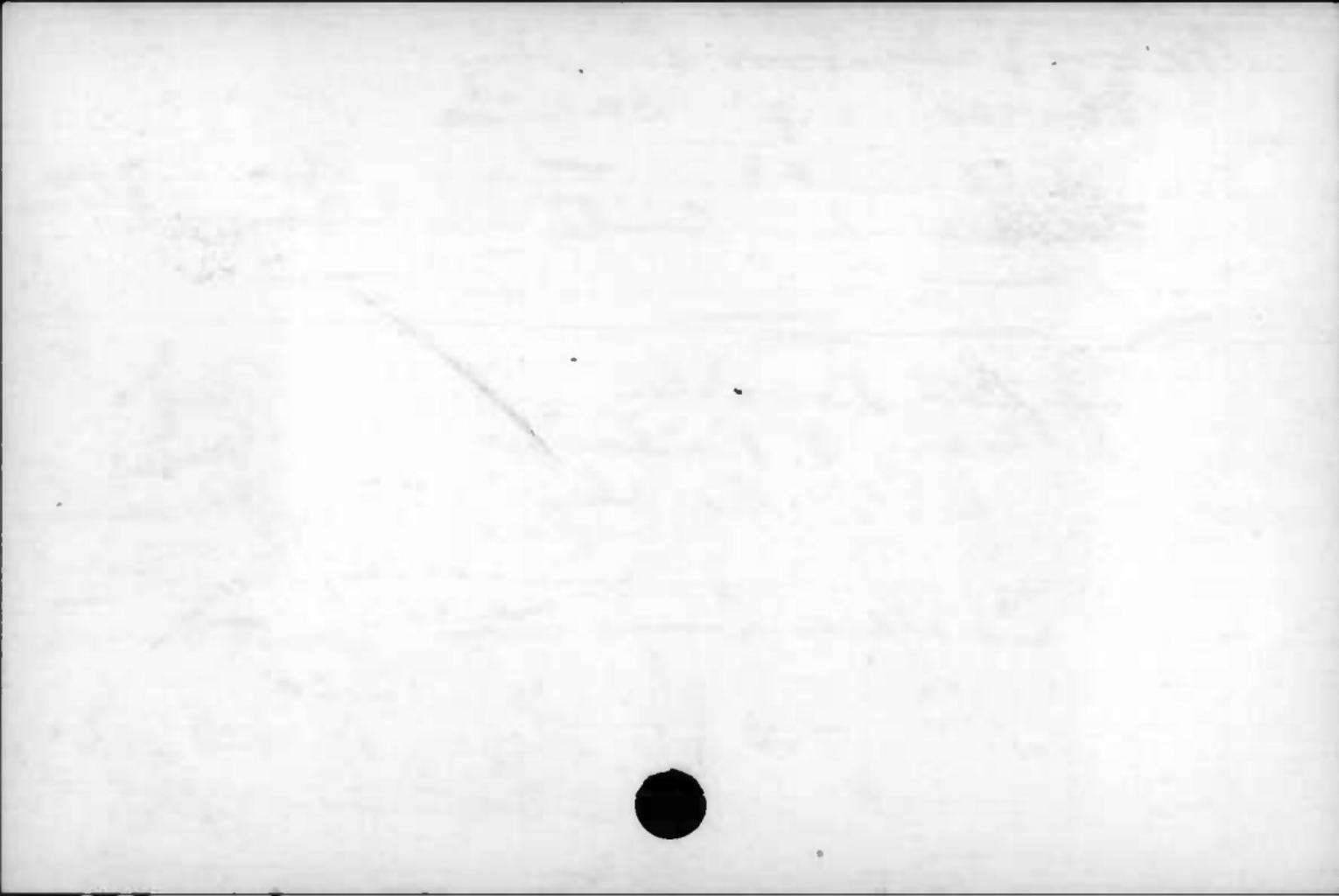
Signature of  
Physician

Address

J. M. Nichols M.D.

Drulm Md.

Accident or Suicide?



Name  
in  
Full

Mary Valentine Bordley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND	
Died at <u>Bowens</u>	<u>Caroline</u>	Months	Days
Date of death <u>1907</u>	Month <u>8</u>	Day <u>28</u>	Years <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Bowens</u>	<u>Italian</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Husband <u>Husband</u>	Father's Birthplace <u>Md.</u>	Mother's Birthplace <u>Md.</u>
Father's Name <u>J. W. Bordley</u>	Mother's Maiden Name <u>Mary S. Ruinman</u>	How related to deceased <u>Hoster</u>	
Name of person giving Information <u>J. W. Bordley</u>		How long <u>about month</u>	
CAUSES OF DEATH			
Primary <u>Cholera Infantum</u>	How long <u>105</u>		
Immediate <u>"</u>	How long <u>"</u>		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Kobley Hackett M.D.  
Queen Anne  
M.D.

Accident or Suicide? —

Hellebore

Name  
in  
Full

No Name - Brown -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at place	Town	County	MARYLAND
Date of death	Month	Years	Months
Sex	Color or Race	Age	Days
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Annie Morris -	Mother's Birthplace	Kent M.D., Fallbd. -
Name of person giving information	Fasher	How related to deceased	

CAUSES OF DEATH

151

How long

How long

PHYSICIAN  
OR CORONER

Primary Suppos'd Janusice -

Immediate no physician -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

None

Address

Information by  
Fasher -

Accident or Suicide?



Name  
in  
Full

Ivan Brummell -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Geddes</u>		Town <u>Geddes</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>8</u>	Day <u>12</u>	Age <u>65</u>	Years <u>65</u>	Months	Days		
Sex <u>Male</u>	Color or Race <u>Black</u>			Birth-place <u>Maryland</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Margaret Hankins</u>							
Married, Single or Widowed	Name of Wife or Husband <u>Margaret Jackson</u>		Father's Birthplace <u>Maryland</u>					
Father's Name <u>Geo Belton</u>	Mother's Birthplace <u>Maryland</u>							
Mother's Maiden Name <u>Margaret Jackson</u>	How related to deceased <u>Son</u>							
Name of person giving information <u>Robt Hankins</u>								

CAUSES OF DEATH

(79)

PHYSICIAN  
OR CORONER

Primary Disease of Heart

How long

One year

Immediate Dropsy

How long

one month

Are the name, age, sex, color, date and place correctly given above?

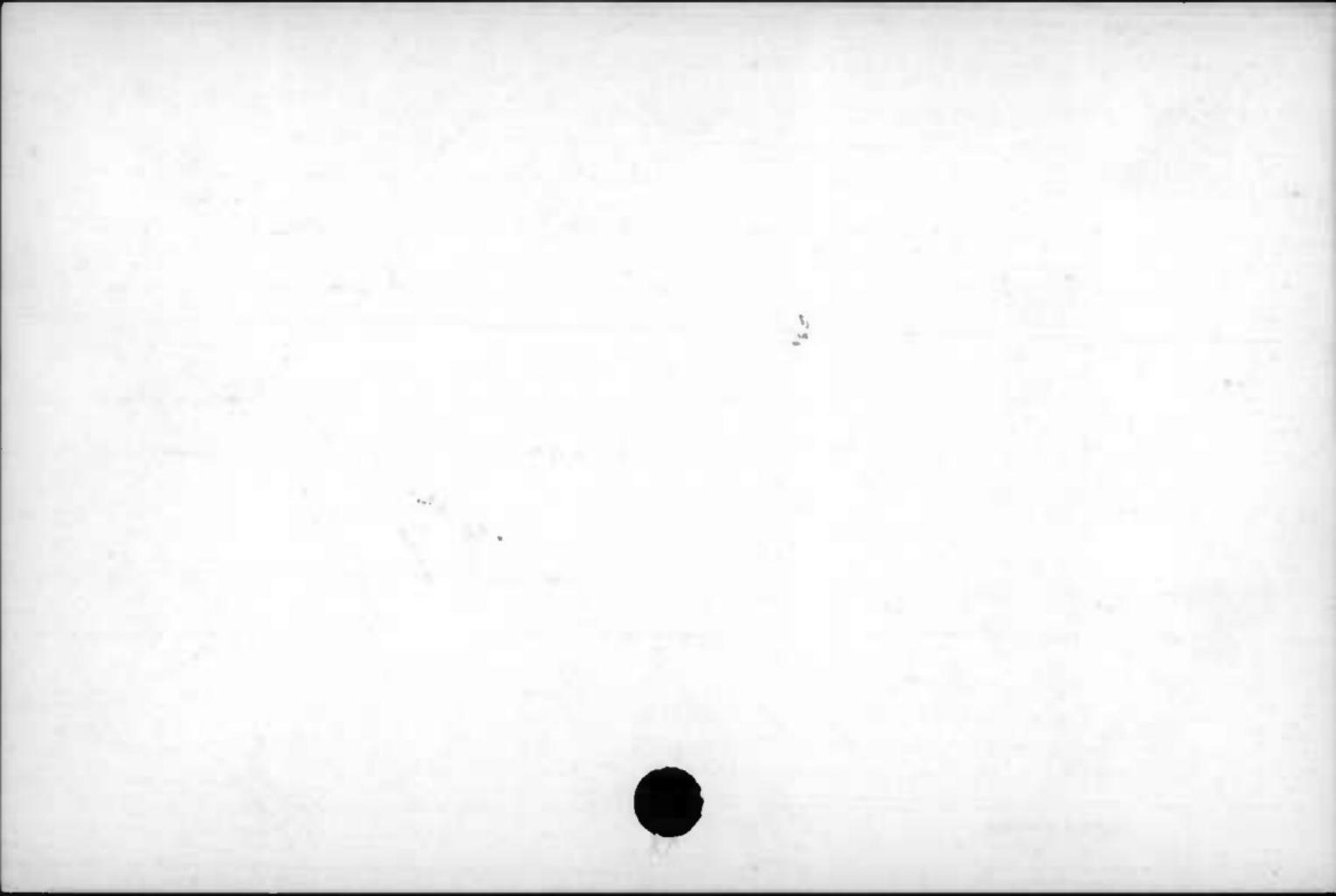
Yes

Signature of Physician

Address

Geo. W. Belton M.D.,  
Geddes, Md.  
Maryland

Accident or Suicide?



Name  
in  
Full

Arthur Lee Bullock

CERTIFICATE OF DEATH

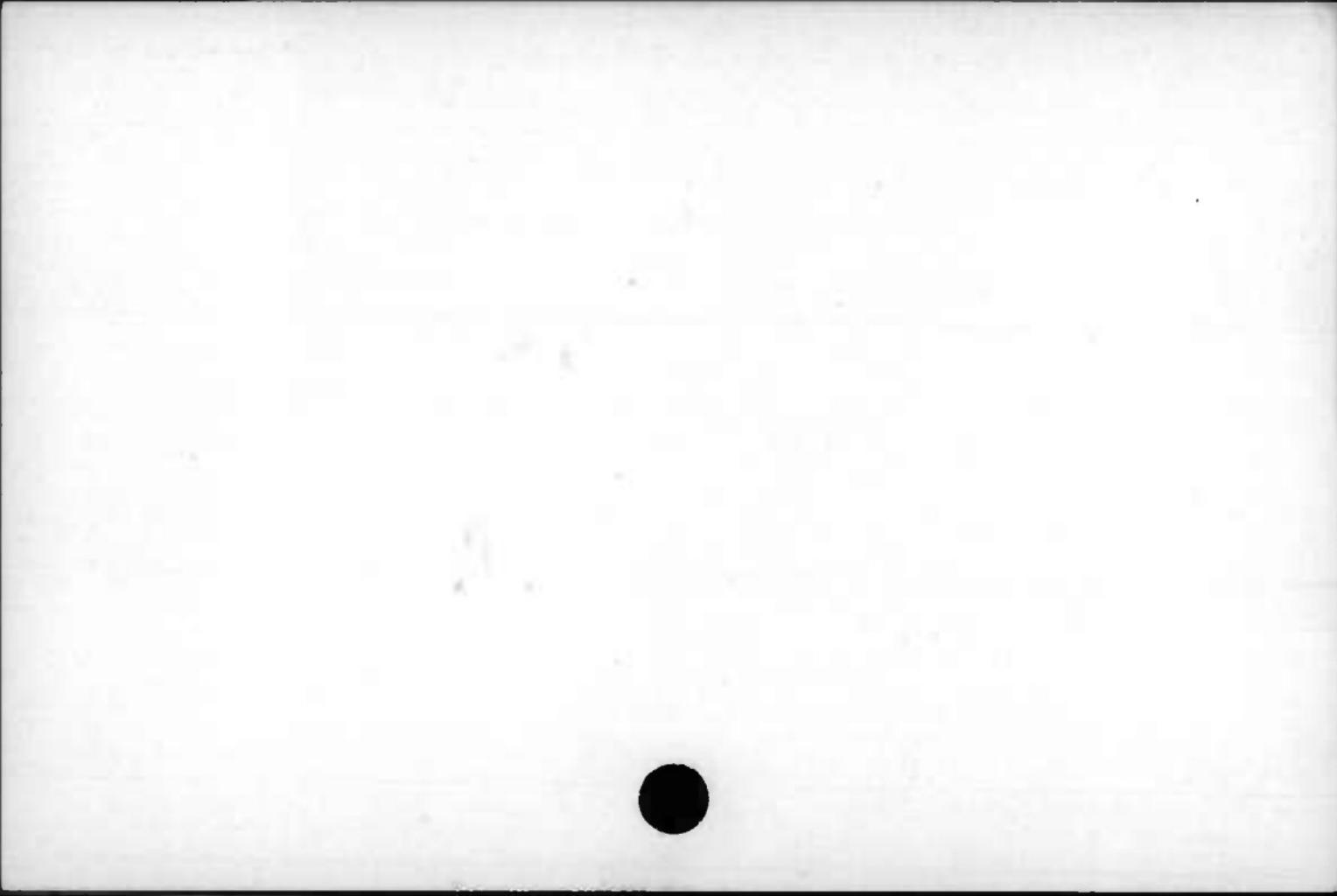
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Year	Months	Days	
Sex	Color or Race	Age	1	1	1
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Chas. A. Bullock		Father's Birthplace	del	
Mother's Maiden Name	Jemima M. Donovan		Mother's Birthplace	del	
Name of person giving Information	C. A. Bullock		How related to deceased	Father	

CAUSES OF DEATH

⑧

Primary	Whooping Cough	How long	thru Stomach
Immediate	Meningitis	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	P. R. Dinkins
		Address	Weston
Accident or Suicide?			Md



Name  
In  
Full

Eva C. Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Date Died	Town	County	MARYLAND		
1907	Hillsboro	Carrlton			
Date of death	Month	Day	Years	Months	Days
1907	8	3	7		23
Sex	Female	Color or Race	Black	Birth-place	Md.
Occupation	School-girl	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Chas. E. Butler	Father's Birthplace	Md.		
Mother's Maiden Name	Charalot Ann Gross	Mother's Birthplace	Md.		
Name of person giving Information	Chas. Butler	How related to deceased	Father.		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pertussis

(27)

How long

12 weeks

Immediate

Tuberculosis

How long

6 weeks.

Are the name, age, sex, color, date and place correctly given above?

70

Signature of Physician

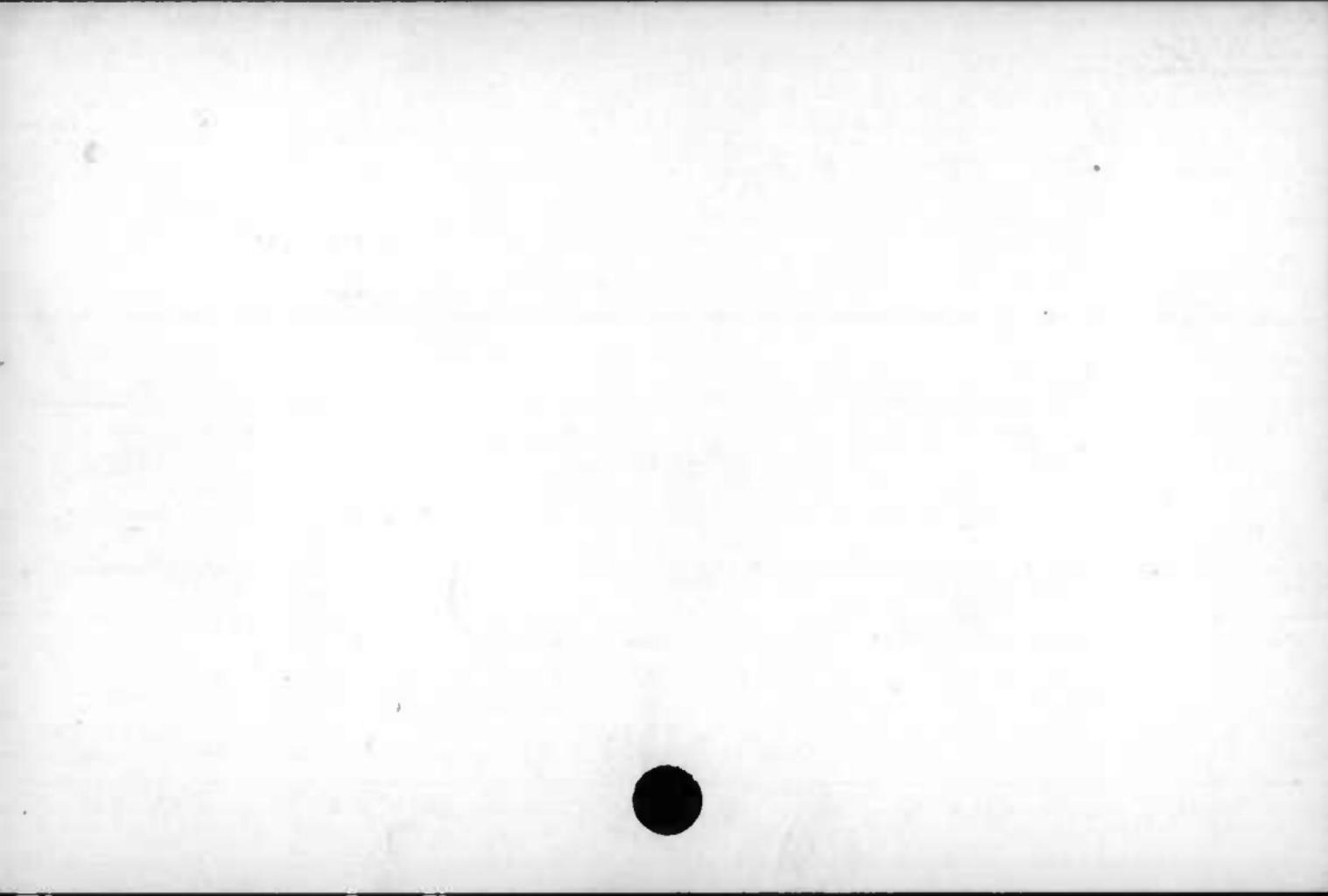
G. R. B. Raymond

Address

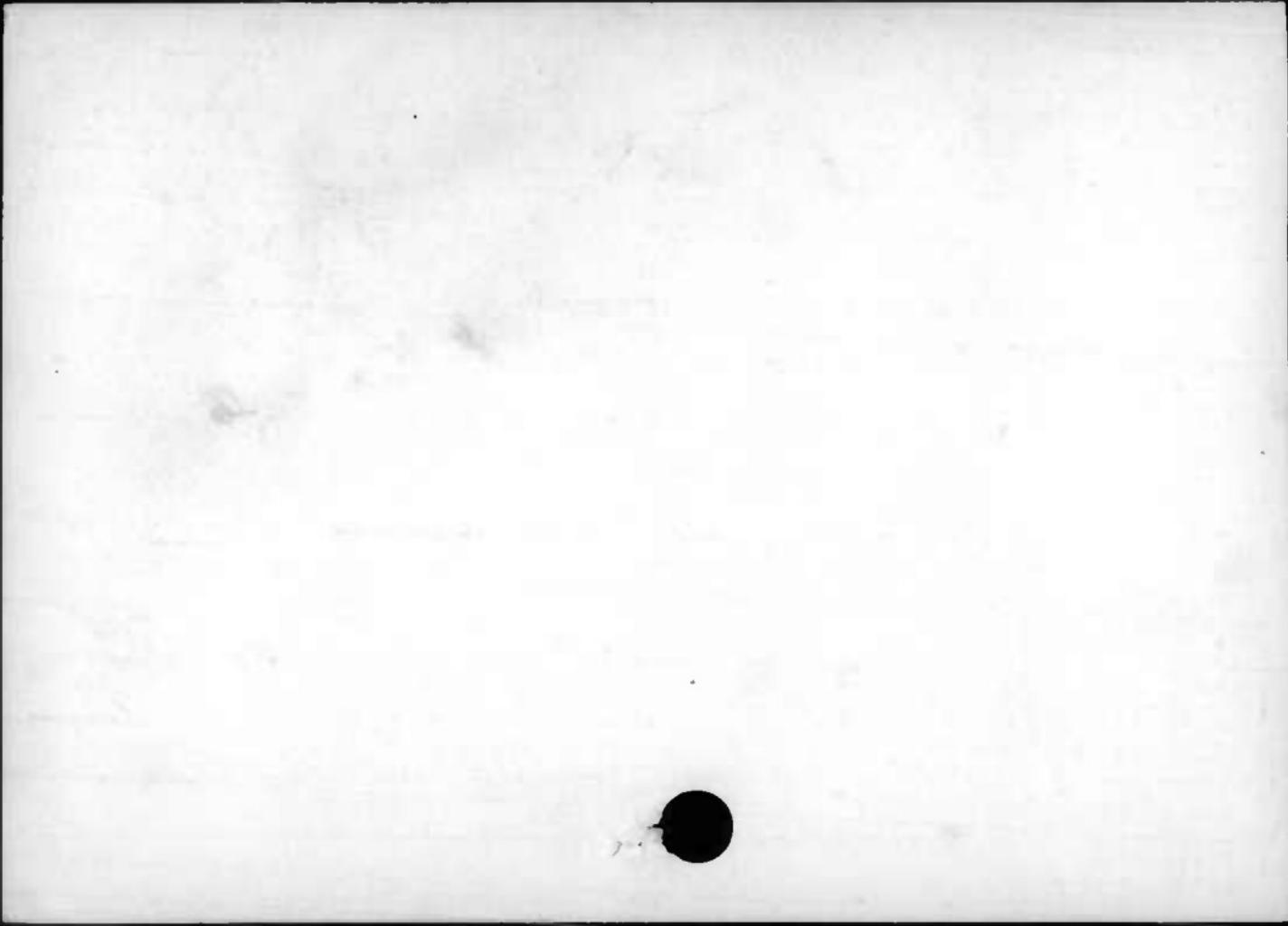
Hillsboro, Md.

Accident or Suicide?

No.



John W. Clayton				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1907	8	6	65	-	-		
Sex	Male	Color or Race	Black	Birth-place	<del>Mid-</del>		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Clayton	Father's Birthplace	<del>Saint</del>		
Father's Name	Don't Know			Mother's Birthplace	<del>Know</del>		
Mother's Maiden Name	Don't Know			How related to deceased	<del>Don't</del>		
Name of person giving Information	James Clayton			79	<del>son -</del>		
CAUSES OF DEATH							
Primary	Disease			How long			
Immediate	—			How long			
Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	J. P. Smith, M.D.		
Address				Timperville Md.			
Accident or Suicide?							



Name  
in  
Full

Margarette Clayton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Tow	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	—	19
Occupation	Child	Where Residing if not at place of death	Wilmington Del.		
Married, Single or Widowed	Single	Name of Wife or Husband	Wilmington Del.		
Father's Name	Albert Clayton	Father's Birthplace	Philadelphia		
Mother's Maiden Name	Viola E. Zimmerman	Mother's Birthplace	Penn		
Name of person giving Information	Albert Clayton	How related to deceased	Father		

CAUSES OF DEATH

105

Primary	Acute gastritis enteritis	How long	3 days
Immediate	Convulsions	How long	6 hours

PHYSICIAN  
OR CORONER

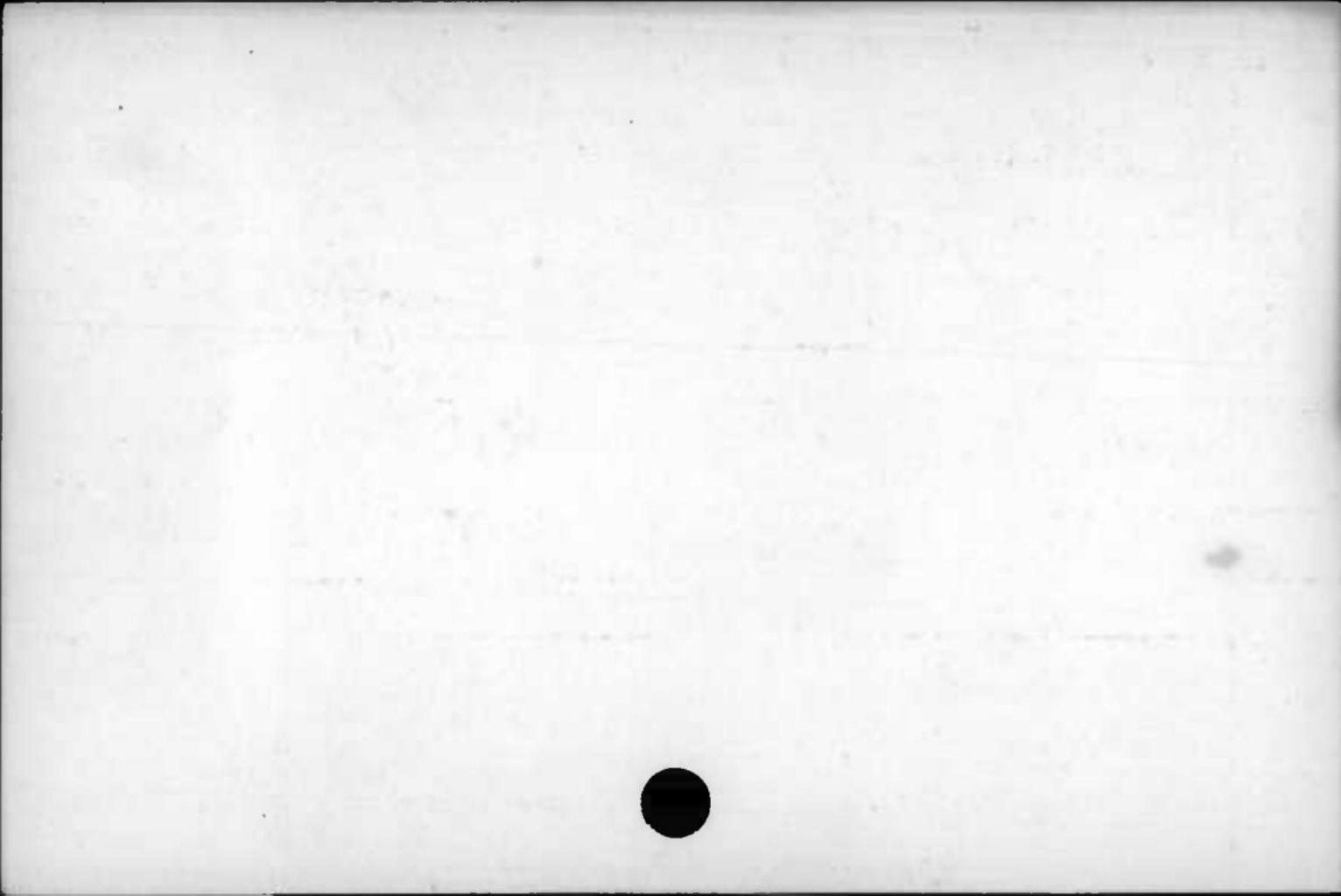
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

No



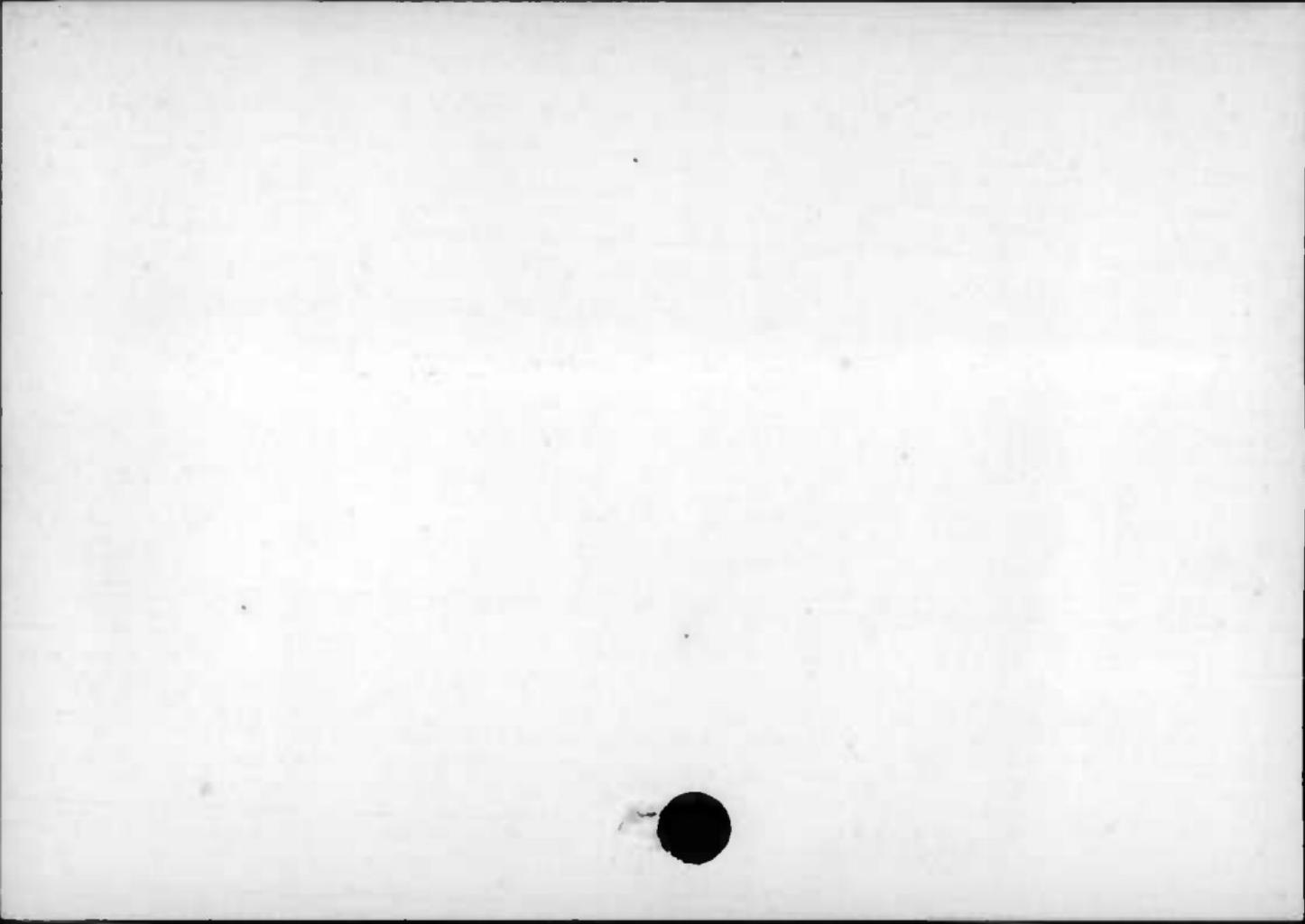
Annie L Gagner

CERTIFICATE OF DEATH

Died at	Town	Precious boro		County	Caroline	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Delaware	
Occupation	House wife			Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

Primary	Dysentery -		(14)	How long	One week
Immediate	..			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W.W. Poldsbury		
		Address	Precious boro, Md.		
Accident or Suicide?					



Name  
in  
Full

Thomas H. Curry -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

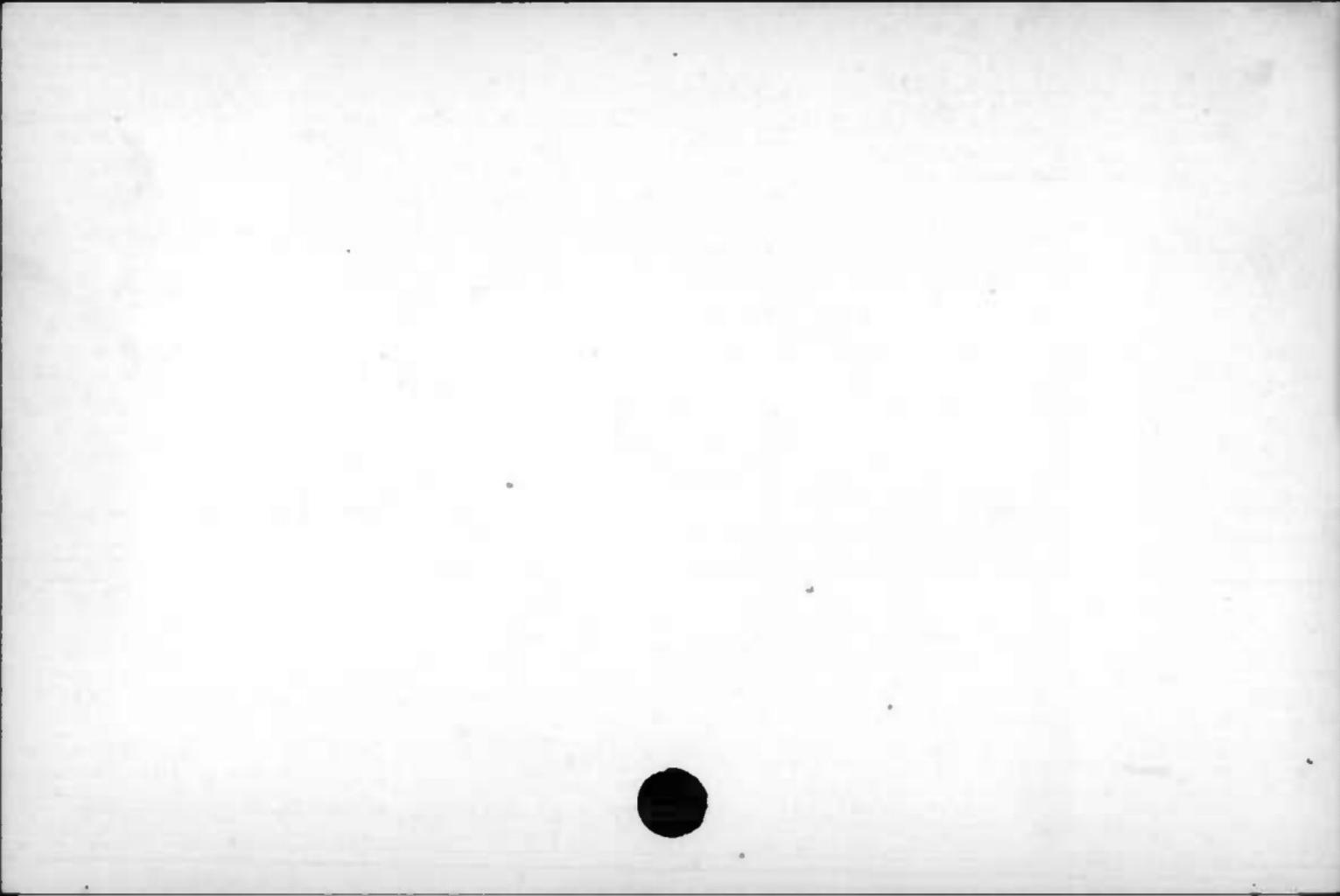
Died at <u>Greensboro</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>8</u>	Day <u>8</u>	Years <u>73</u>	Months <u>10</u>	Days <u>29</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation <u>Retired Farmer</u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Maria</u>	<u>Elizabeth Gehall</u>				
Father's Name <u>John Curry</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Mary Fairman</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving Information <u>Elizabeth Curry</u>	How related to deceased <u>wife</u>					

## CAUSES OF DEATH

(14)

Primary <u>Diabetes Mellitus</u>	How long <u>several years</u>
Immediate <u>Dysentery</u>	How long <u>12 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician
	Address
Accident or Suicide?	

Dr. W. Belton M.D.  
Greensboro  
Md.



Name  
in  
Full

William H. Dewees

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birthplace		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William H. Dewees		Father's Birthplace		Ind.	
Mother's Maiden Name	Natalia Powell Owens		Mother's Birthplace		Del.	
Name of person giving information	Mrs Owens		How related to deceased		Grand-mother	

CAUSES OF DEATH

105

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Cholera infantum

8 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

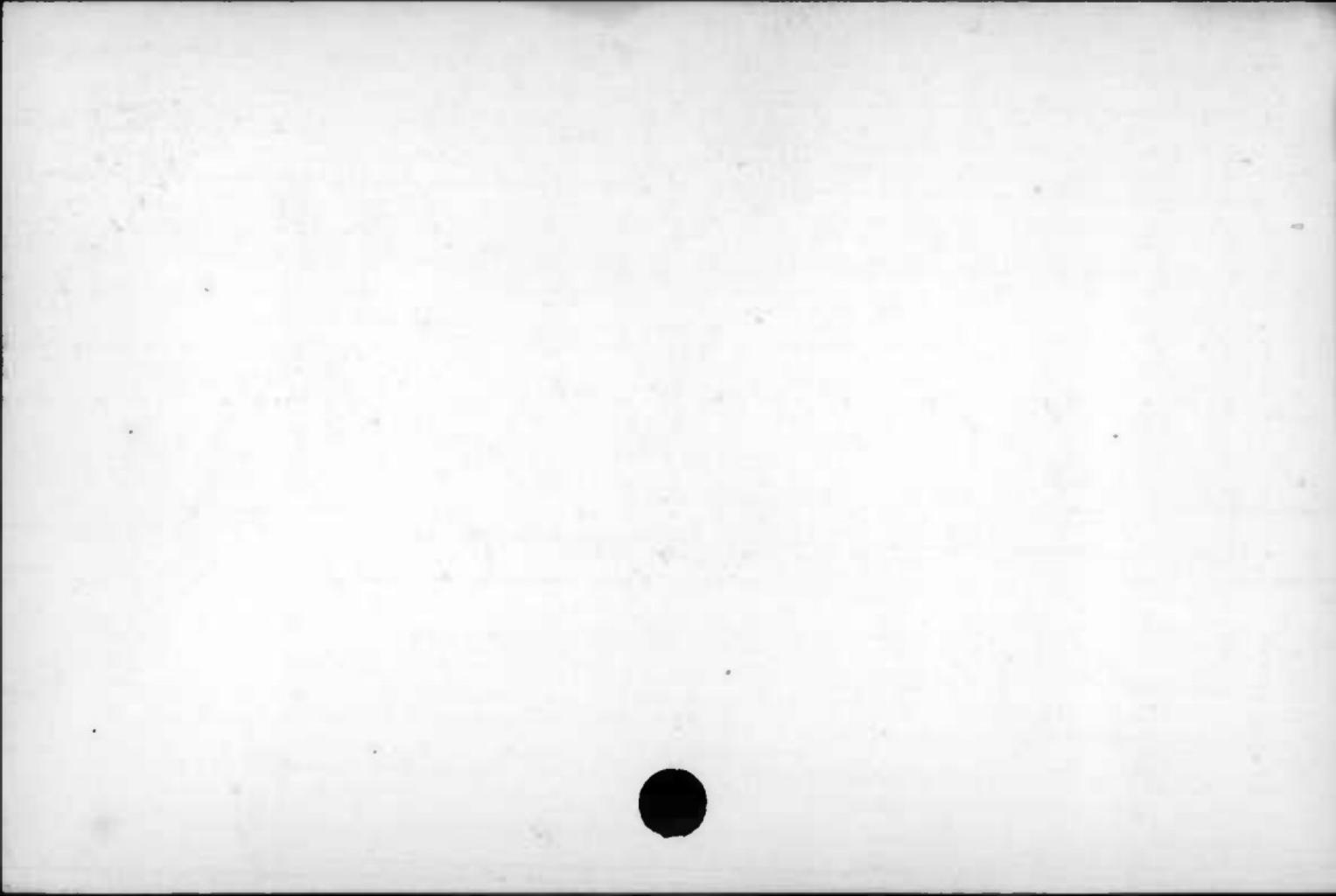
G. W. Simmoud

Address

Denton,

Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Ormes

CERTIFICATE OF DEATH

Died at <u>Denton</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>8</u>	Day <u>10</u>	Age <u>52</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Salem Delton</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Sarah Delton</u>	Father's Birthplace <u>Delton</u>			
Father's Name <u>Isaac Ormes</u>	Mother's Birthplace <u>Lykken</u>				
Mother's Maiden Name <u>Hannah Ormes</u>	How related to deceased <u>Sister</u>				
Name of person giving information <u>H. M. Happle</u>					

CAUSES OF DEATH

120

How long

6 mos

How long

—

Primary Bright's Disease

Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

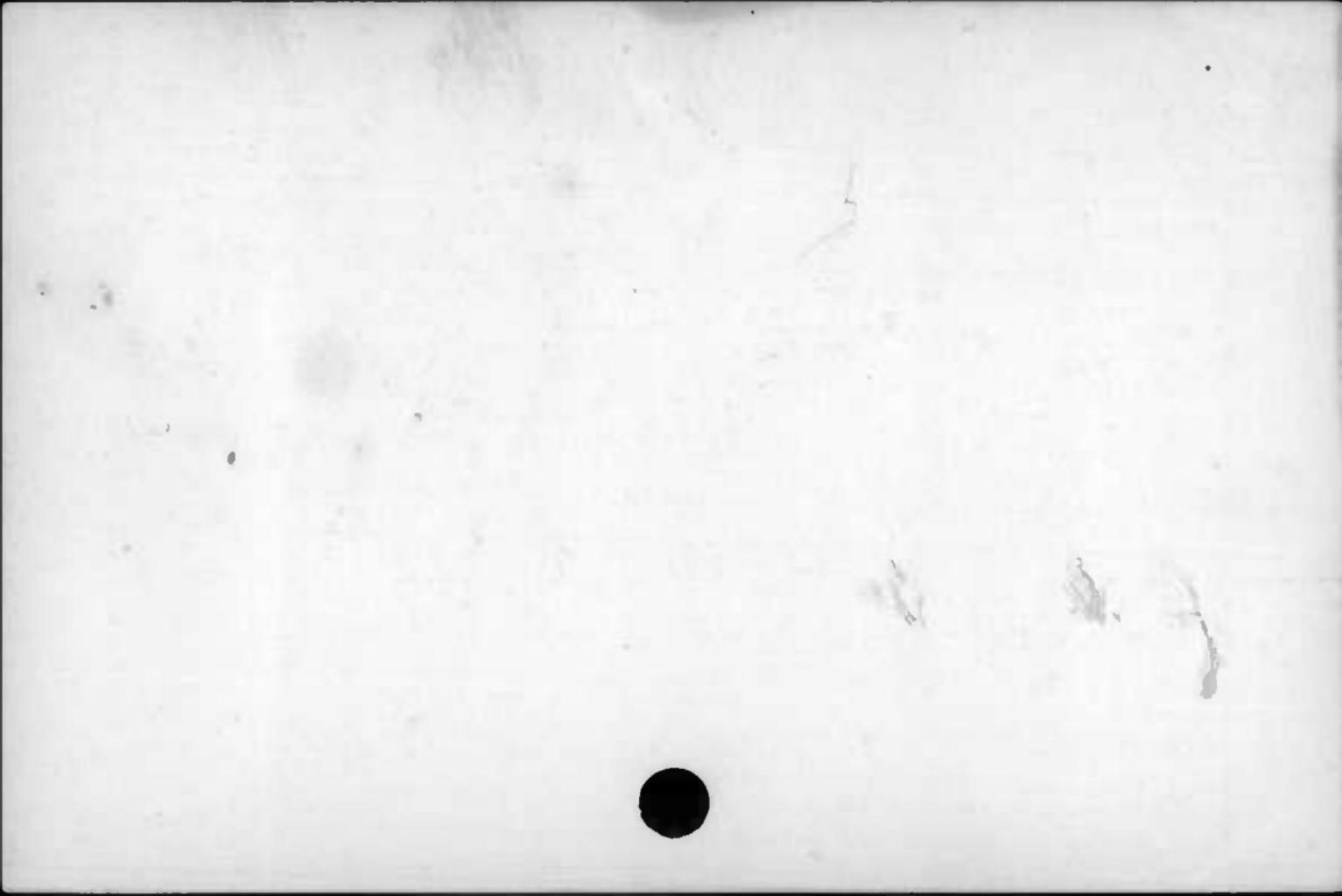
Signature of Physician

J. N. Michel

Address

Denton Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month Aug	Day 11 <sup>th</sup>	Years 70	Months 11	Days 23	
Sex	Male	Color or Race	White	Birth-place	Pa.		
Occupation	Physician		Where Residing if not at place of death	—			
Married, Single or Widowed	Married	Name of Wife or Husband	Katherine See	Father's Birthplace	Pa.		
Father's Name	Roger Daffey		Elinore C. O'Neill	Mother's Birthplace	Pa.		
Mother's Maiden Name	Elinore C. O'Neill		a. S. Daffey	How related to deceased	Son		
Name of person giving information							

## CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary

Atrio-ventricular

How long

Second year

Immediate

Paroxysms (recurrent)

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. W. B. Row, M.D.

Address

Hillsboro, Pa.

Accident or Suicide?

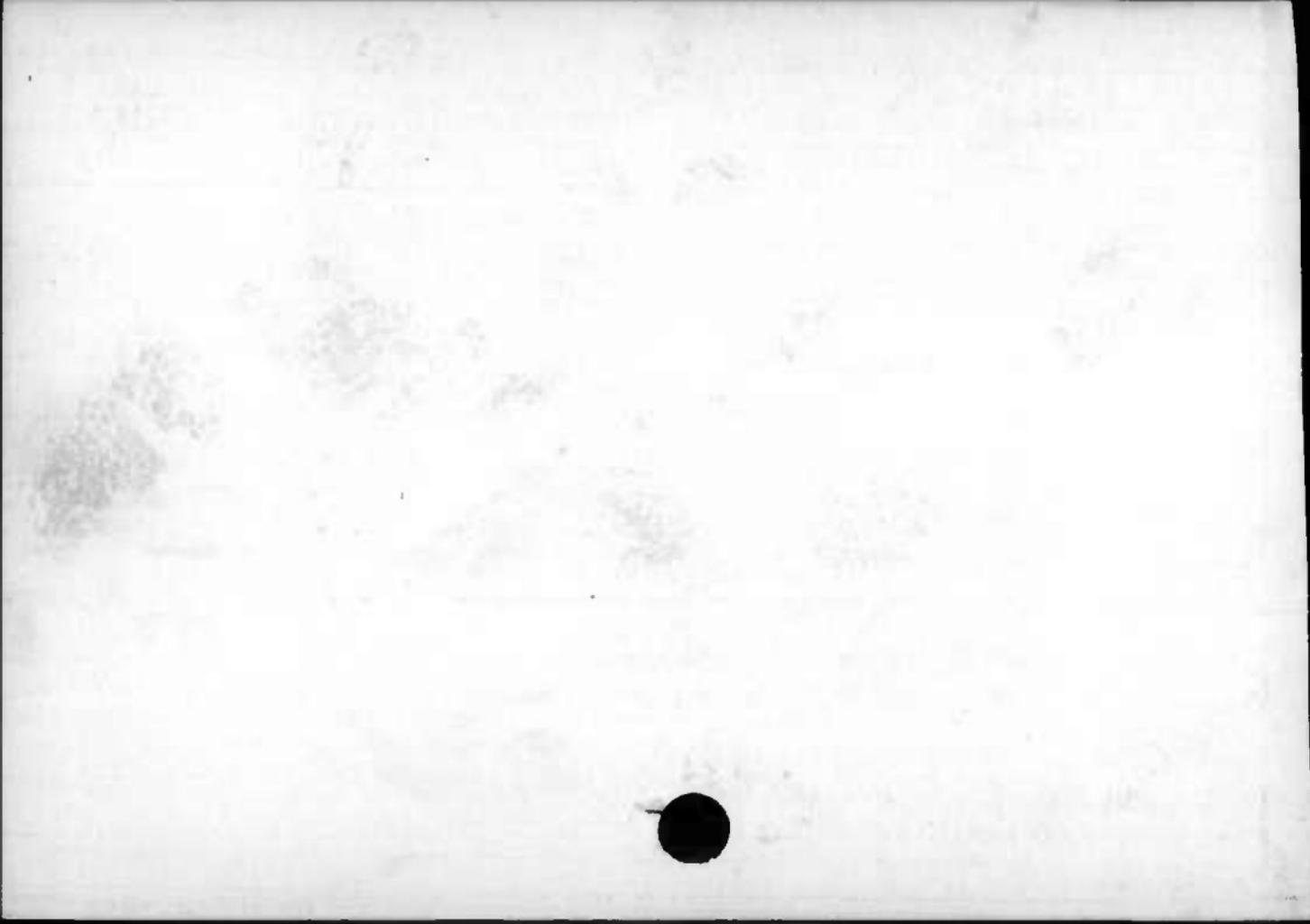
No



## William Dukes

## CERTIFICATE OF DEATH

Died at <u>Goldsboro</u>		County <u>Caroline</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Aug.</u>	Day <u>4</u>	Years <u>59</u>	Months <u>3</u>	Days <u>16</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Caroline Co Md</u>				
Occupation <u>Farmer</u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jane Taylors.</u>					
Father's Name <u>Jessie Dukes</u>	Father's Birthplace <u>Caroline Co Md</u>					
Mother's Maiden Name <u>Maryah. Poor</u>	Mother's Birthplace <u>Delaware</u>					
Name of person giving information <u>George Dukes</u>	How related to deceased <u>Brother</u>					
<input type="checkbox"/> CAUSES OF DEATH		<input checked="" type="checkbox"/> 106)				
Primary	How long					
Immediate <u>Cholera Morbus.</u>	How long <u>24 hrs</u>					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J Silcox</u>					
<input type="checkbox"/> Accident or Suicide?	Address <u>Goldsboro Md.</u>					



## Charles Howard Faulkner

## CERTIFICATE OF DEATH

Died at Marydel  
Town

County Caroline

**MARYLAND**

Date  
of death 1907 Month Aug

Day 30

Years —

Age —

Months 3

Days —

Sex male

Color or  
Race white

Birth-  
place Marydel

Occupation —

Where Residing if not  
at place of death —

Married, Single  
or Widowed —

Name of Wife or  
Husband alfred. Faulkner

Father's  
Name alfred Faulkner

Father's  
Birthplace Maryland

Mother's  
Maiden Name Jessie Swift

Mother's  
Birthplace Maryland

Name of person giving  
Information alfred Faulkner

How related  
to deceased Father

## CAUSES OF DEATH

**105**

Primary acute bilious colitis

How long —

Immediate Heart Failure

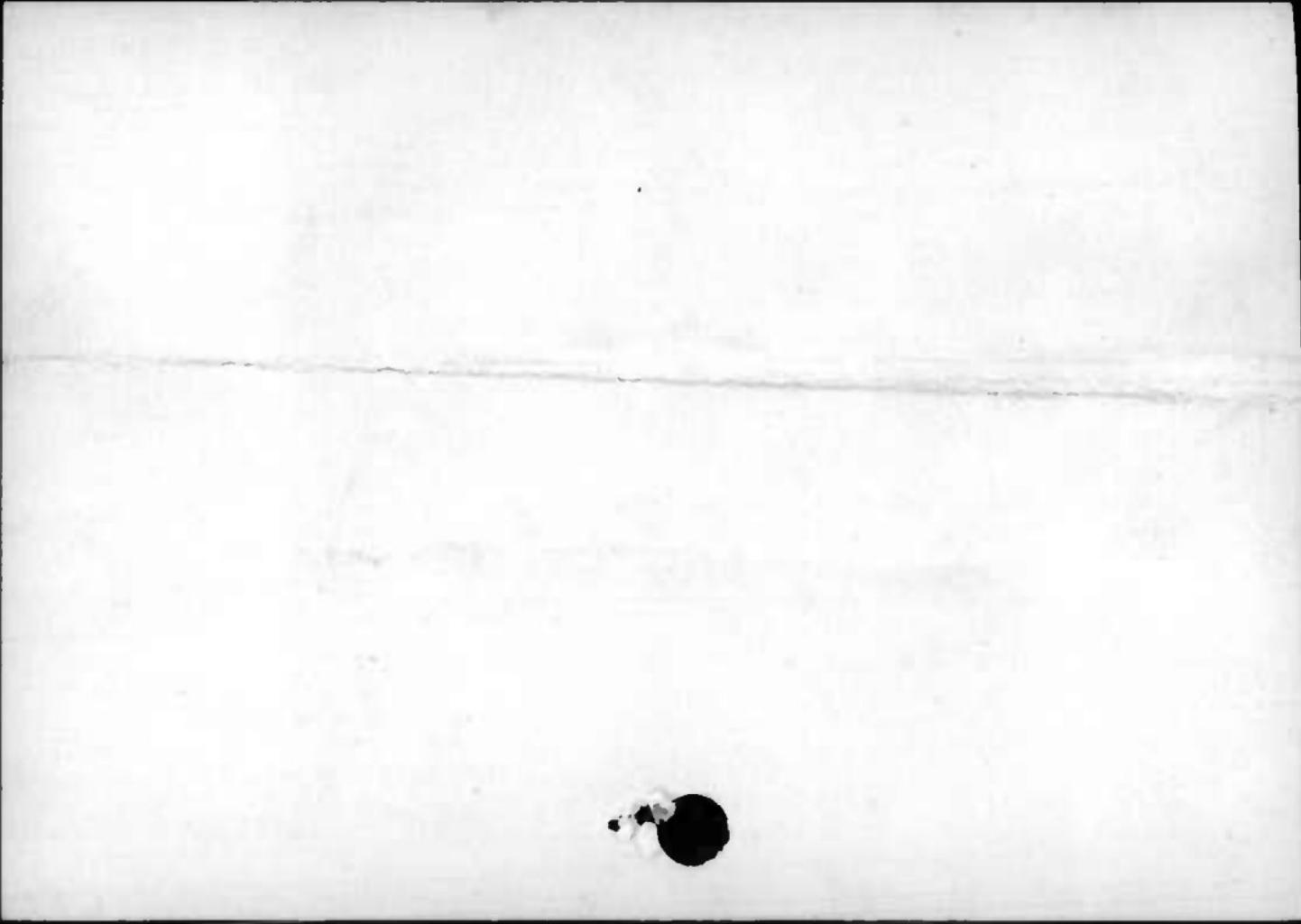
How long One week.

Are the name, age, sex, color, date  
and place correctly given above? yes

Signature of  
Physician H. E. Evans

Address Marydel, Del.

Accident or Suicide? —



Name  
in  
Full

Florence Virginia Foster

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	19	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

Ridgely, Caroline

1907 Aug 4 19

Female White

Madame

Single

David Foster

Fannie Meredith.

David Foster

Wela.

Md.

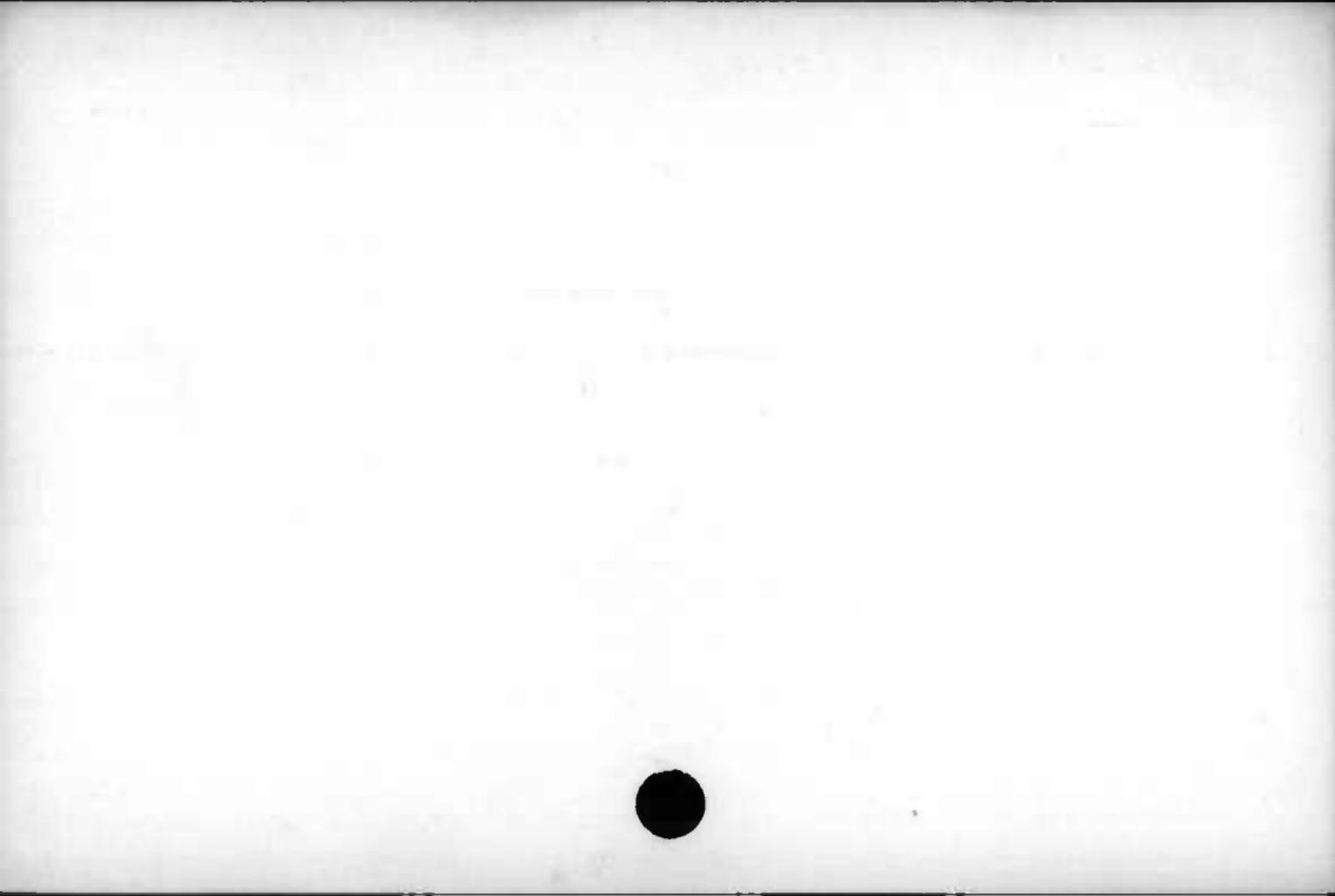
Father.

CAUSES OF DEATH

37

P H Y S I C I A N  
O R C O R O N E R

Primary	Phtisis Pulmonalis		
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. S. Stowell, M.D.
		Address	Ridgely Md
Accident or Suicide?			



Name  
in  
Full

Ernest Gloucester

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birthplace		
Occupation	Fanner	Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	Eunice	S. Jewell		
Father's Name	John Knad			Father's Birthplace	Germany	
Mother's Maiden Name	Daet Knad			Mother's Birthplace	Germany	
Name of person giving Information	Mrs Anna Gordon			How related to deceased	-	

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary  
Chronic Bright's

Immediate  
Heart Disease

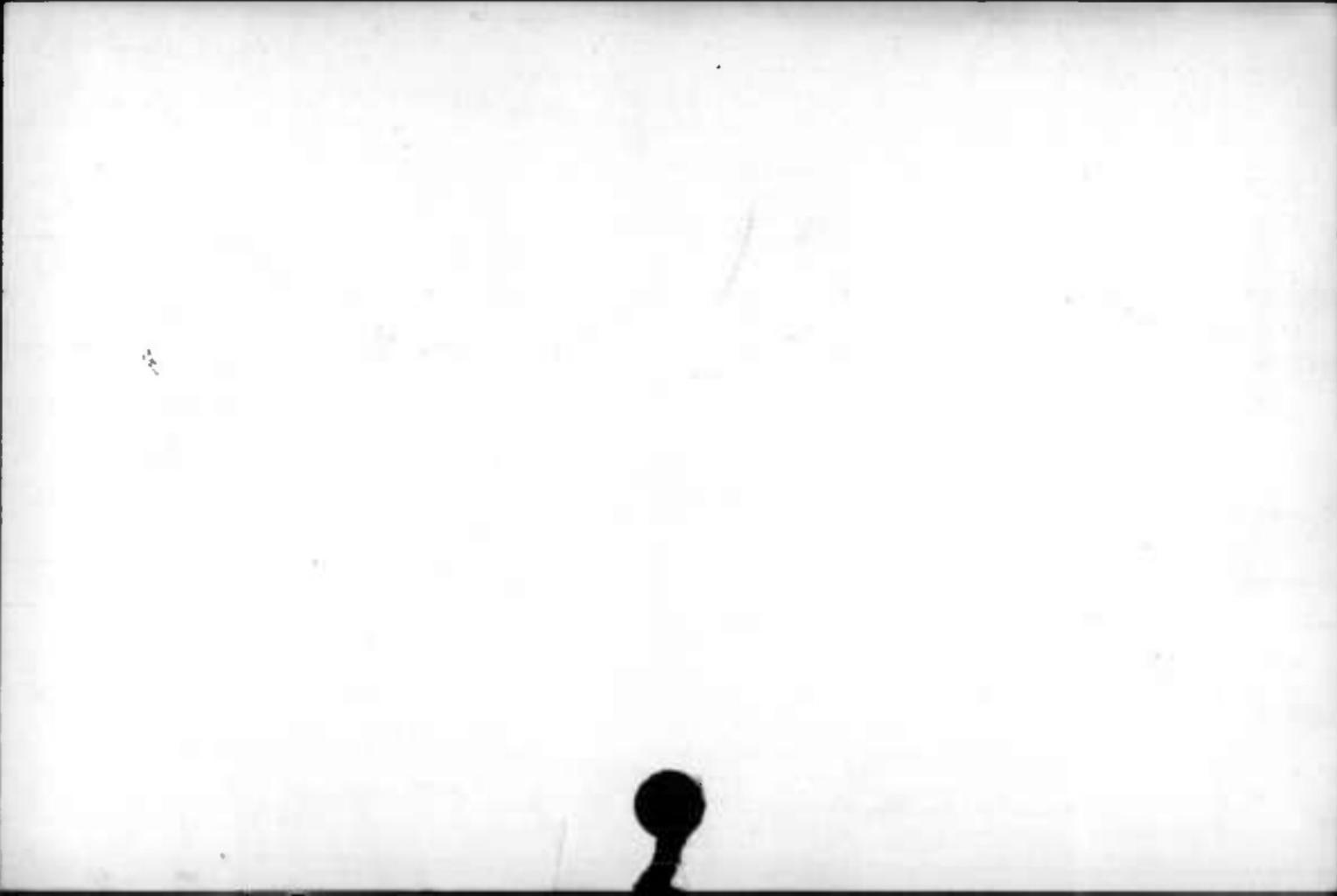
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Hymen Darrow.

Accident or Suicide?



Name  
in  
Full

Martha E. Hulme

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>near Goldston</u>		Town	<u>Baltimore</u>		County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1907	8	25			11		
Sex	Female	Color or Race	White	Birth- place	<u>Maryland</u>		
Occupation	<u>None</u>		Where Residing if not at place of death				
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>none</u>	Father's Birthplace	<u>Md.</u>		
Father's Name	<u>Charles E. Hulme</u>			Mother's Birthplace	<u>Md.</u>		
Mother's Maiden Name	<u>Burnie Bright</u>			How related to deceased	<u>Father</u>		
Name of person giving Information	<u>Charles E. Hulme</u>				<u>105-</u>		

CAUSES OF DEATH

Primary

Frater Adipic acid food

How long

Immediate

Cholera infantum

How long  
2 Day'

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

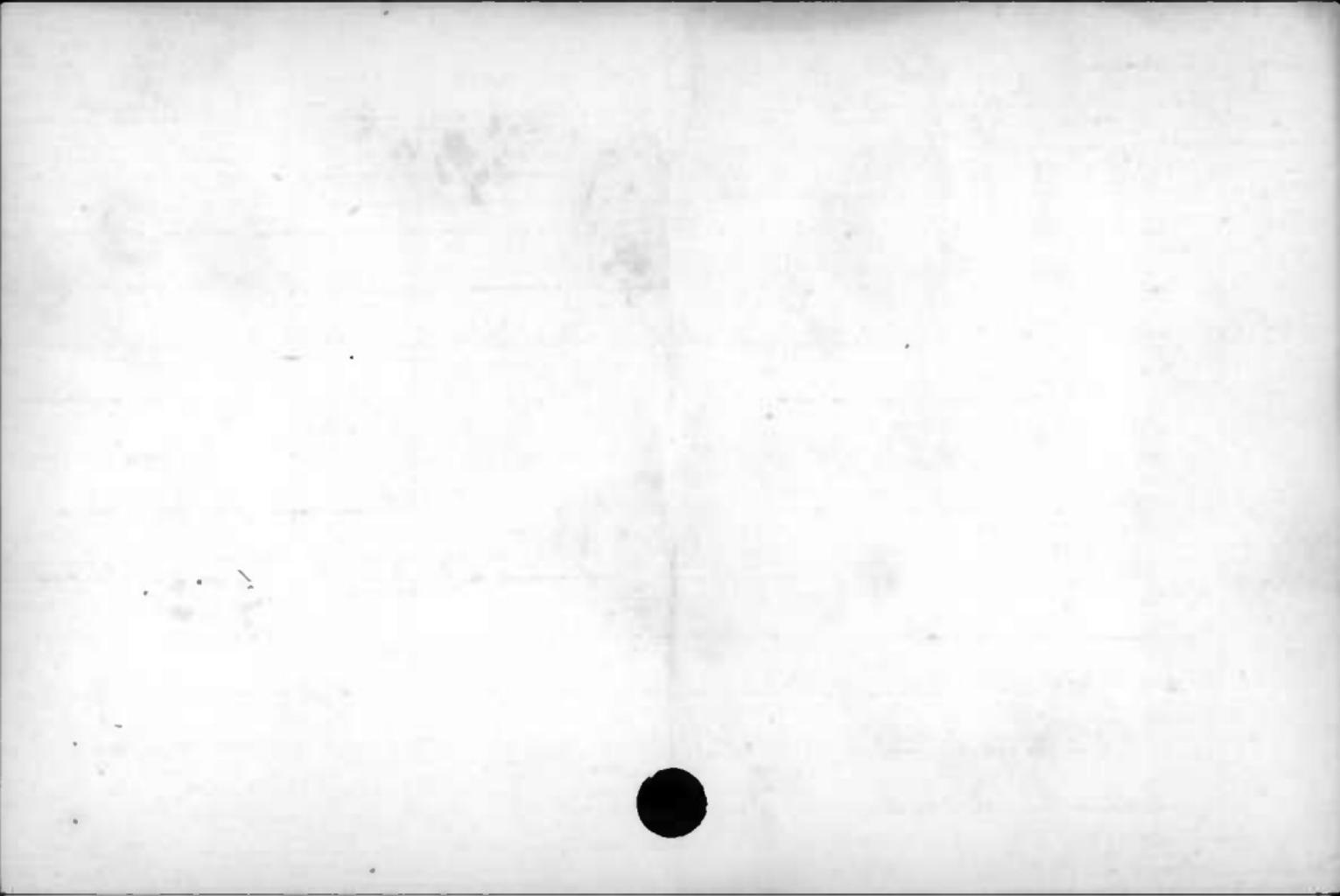
Geo. St. Bedine M.D.

Address

Glenelg

Accident or Suicide?

Md



Name  
in  
Full

Irvine

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month August	Day 28	Years -	Months -	Days -
Sex Male	Color or Race	Birth-place			
Occupation None	Where Residing if not at place of death	Dunkin Mu			
Married, Single or Widowed	Name of Wife or Husband	-			
Father's Name John Irvine	(S)	Father's Birthplace Maryland			
Mother's Maiden Name Elizabeth Carter		Mother's Birthplace " "			
Name of person giving information John Irvine		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Born

How long -

Immediate

Y

How long -

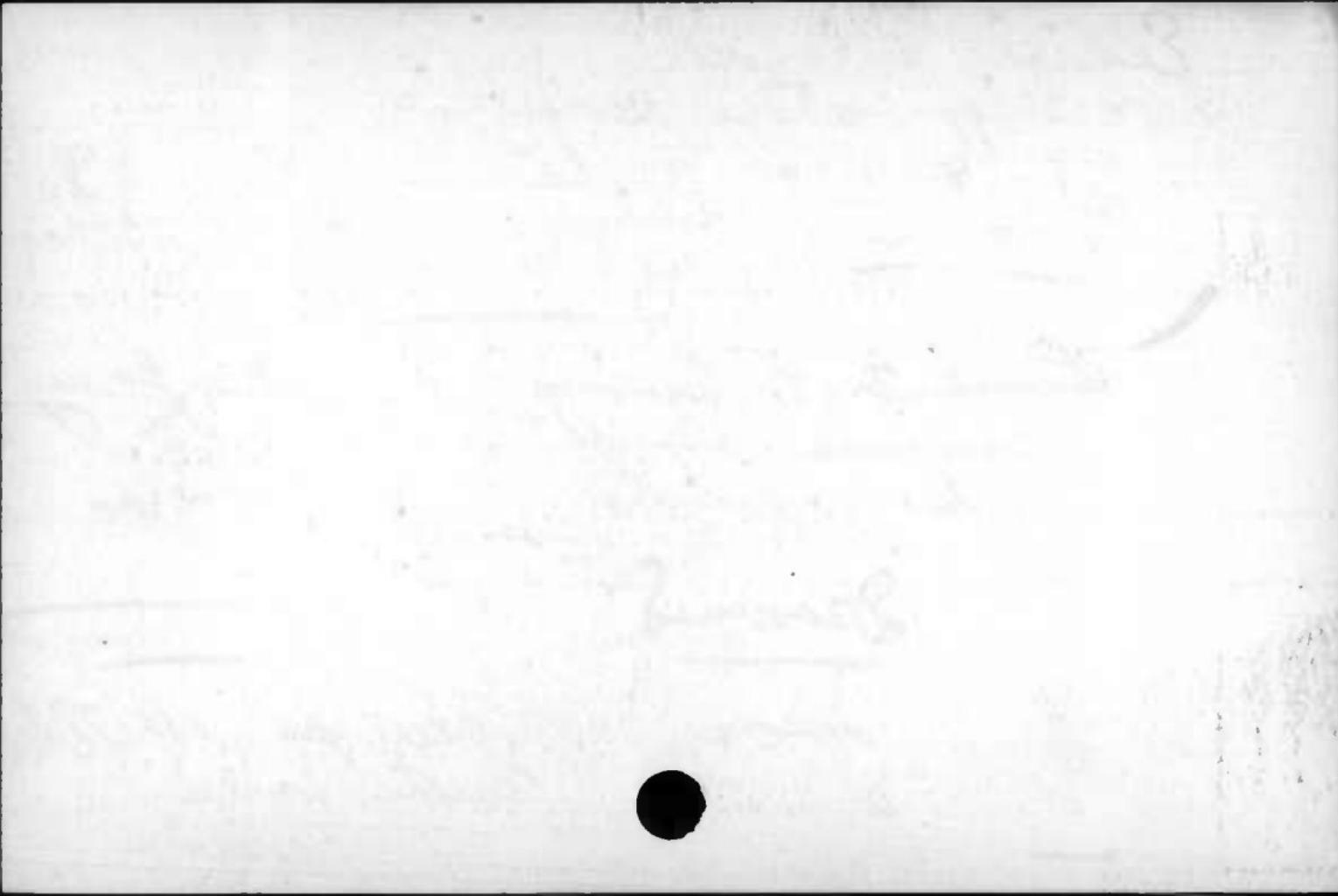
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

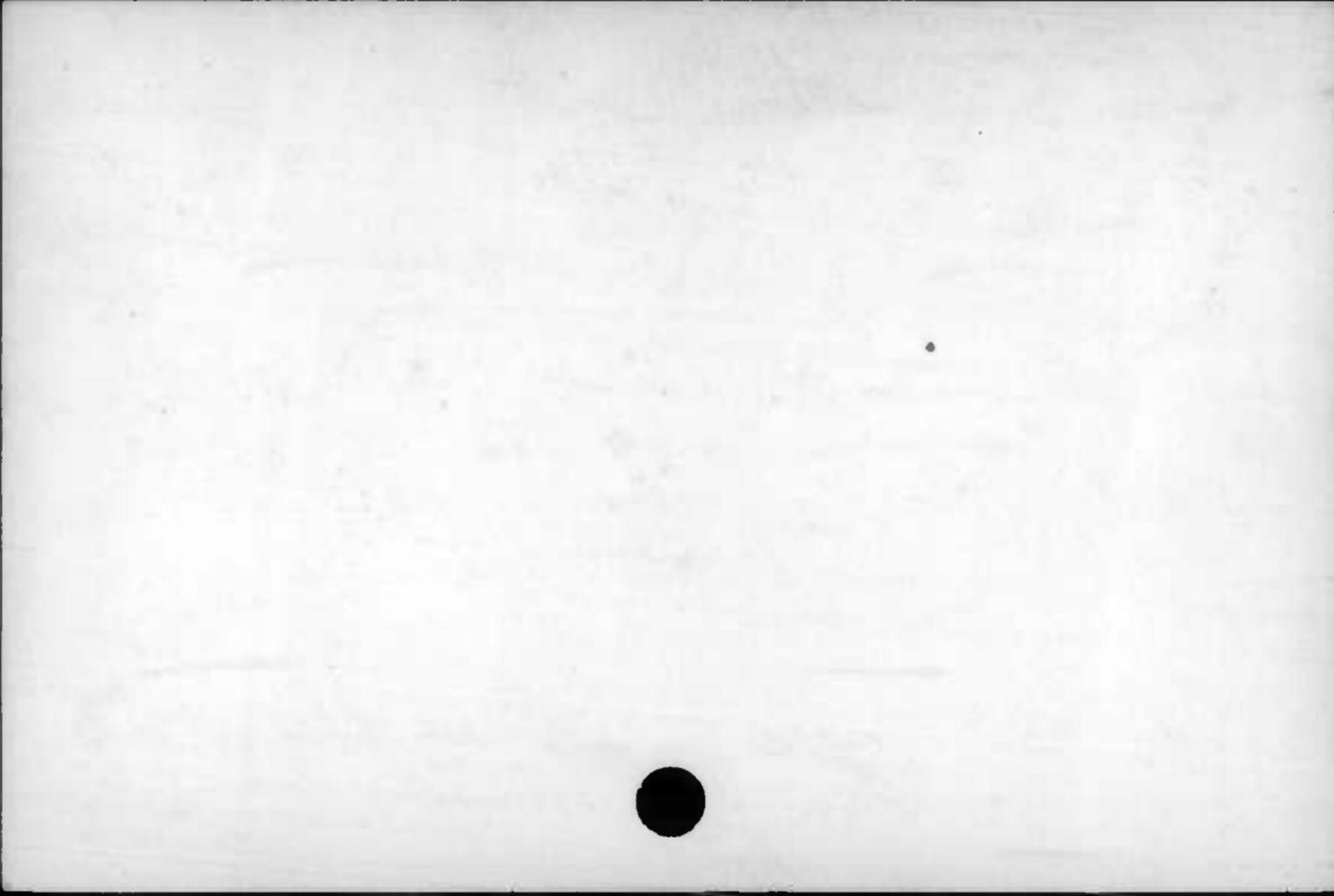
Address

Enoch George III  
Dunkin Caroline County  
Maryland

Accident or Suicide?







Name  
in  
Full

William J. Evans

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

John Griffis Store Corcoran

MARYLAND

Date of death 190	Month 7	Day 14	Years 9	Months 9	Days 11
Sex Male	Color or Race White	Birth- place Md.			

Occupation \_\_\_\_\_ Where Residing if not  
at place of death \_\_\_\_\_

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Lambert R. Evans

Father's  
Birthplace

New Jersey

Mother's  
Maiden Name

Emma Slougher

Mother's  
Birthplace

N.J. 7

Name of person giving  
Information

A. W. Evans

How related  
to deceased

Niece

CAUSES OF DEATH

Primary

Drowned

172

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

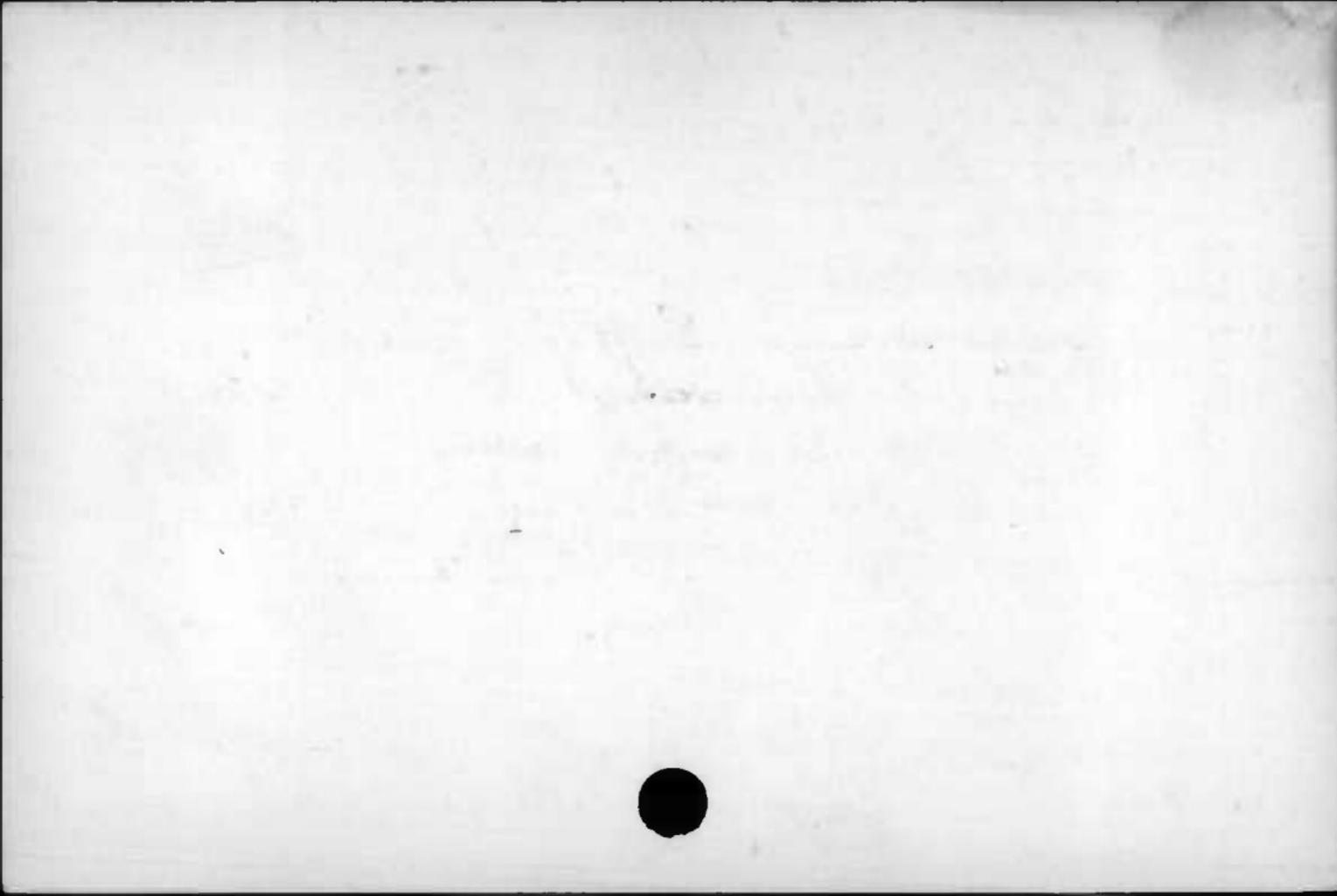
Signature of  
Physician

Address

Robley Haskett M.D.  
U.S. Army  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Nathan M Garrison					CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Dorchester	Caroline						
1907	8	26	49				
Male	Color or Race	White	Birth-place	Md			
Farmer	Where Residing if not at place of death	Ranier					
Married, Single or Widowed	Name of Wife or Husband	Emma Dean	Father's Name	Mrs			
Wm J. Garrison			Mother's Name	Mrs			
Mother's Maiden Name	Lovinda Garrison		How related to deceased	Not related			
Name of person giving Information	C. H. Hatchett						

CAUSES OF DEATH

(1)

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

3 Weeks

Immediate

Sear

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

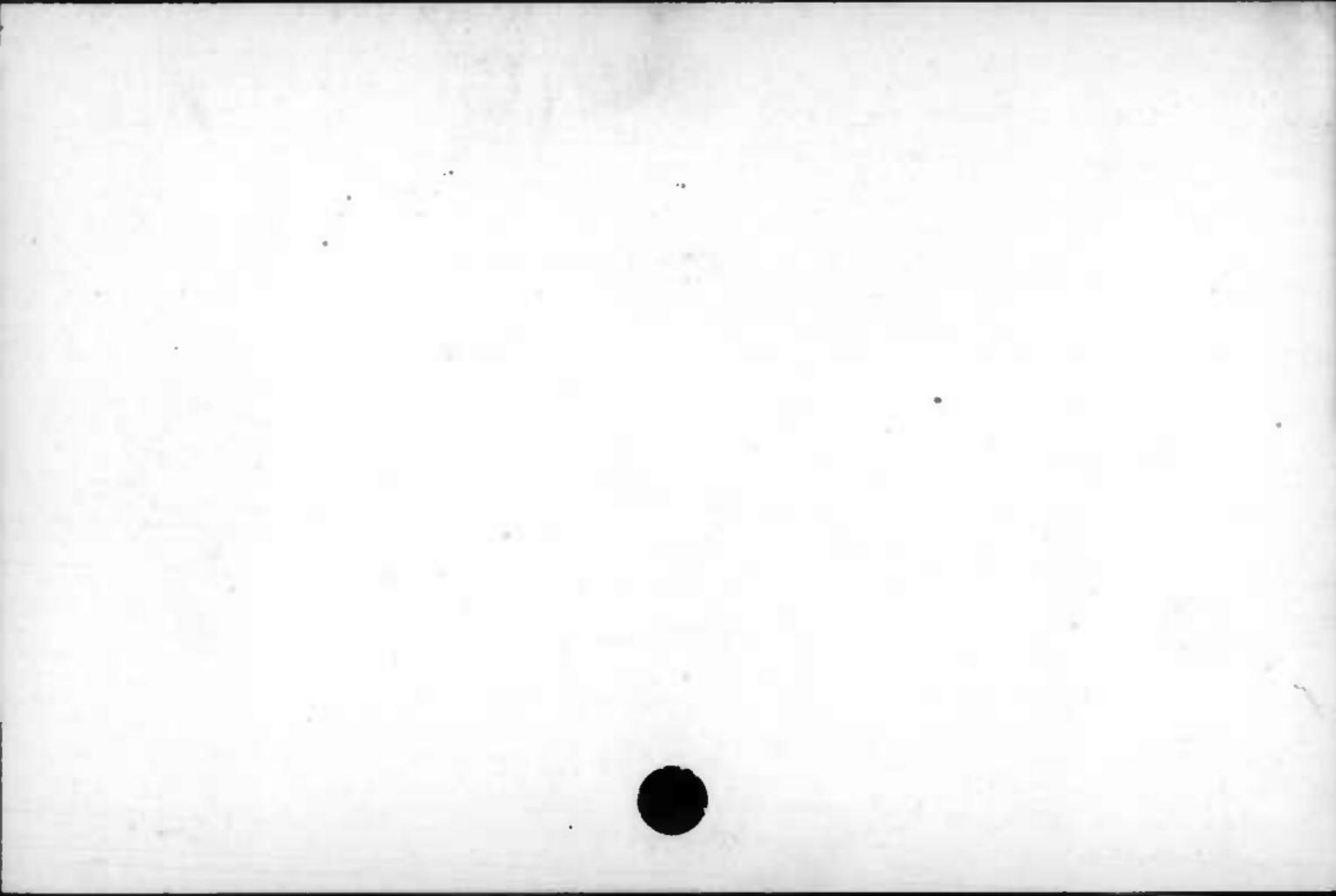
Signature of  
Physician

Address

P. R. Fisher  
Wentworth  
Md.

Accident or Suicide?

No



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Clarence Conrad Lester  
Town Federalburg  
County Caroline

CERTIFICATE OF DEATH

MARYLAND

Died at Federalburg Date of death 1907 Month Aug Day 13 Years Age Months 6 Days

Sex male Color or Race white Birthplace Baltimore, Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed single Name of Wife or Husband

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving information Walter Lester How related to deceased adopted father

CAUSES OF DEATH

Primary

Colitis

105-

How long

1 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. Kump Jefferson  
Federalburg  
Md

Accident or Suicide?



Name  
in  
Full

Inzie May Johnson

CERTIFICATE OF DEATH

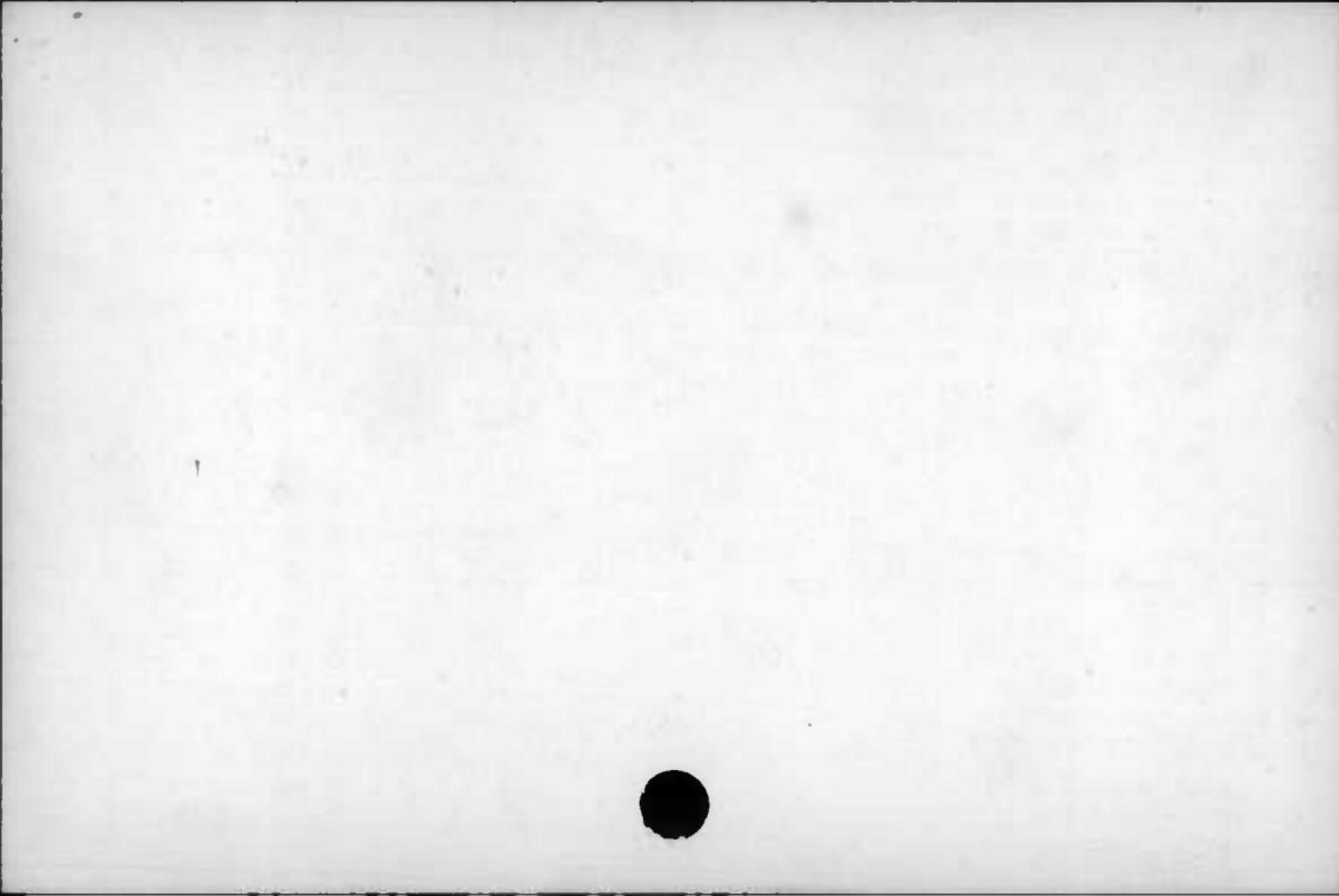
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Residence	
Married, Single or Widowed	Married	Name of Wife or Husband	Jas. Ed. Johnson		
Father's Name	Calvin Hoblet			Delaware	
Mother's Maiden Name	Dort Kun				
Name of person giving information	Jas Ed Johnson			Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		27	How long	Two years
Immediate	"			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W.W. Folsom		
		Address	Preston, Md.		
Accident or Suicide?					



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Florence Jones

Town

Died near Greensboro

County

Caroline

MARYLAND

Date of death	Month	Day	Years	Months	Days
1907	Aug.	18	18		

Sex Female

Color or  
Race

White

Birth-  
place

Maryland.

Occupation

None -

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

J. Frank Jones -

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Rush Johnson -

Mother's  
Birthplace

Del.

Name of person giving  
Information

J. F. Jones

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Typhoid Fever -

How long

4 weeks -

Immediate

Exhaustion

How long

1 day -

PHYSICIAN  
OR CORONERAre the name, age, sex, color, date  
and place correctly given above?

Yes -

Signature of  
Physician

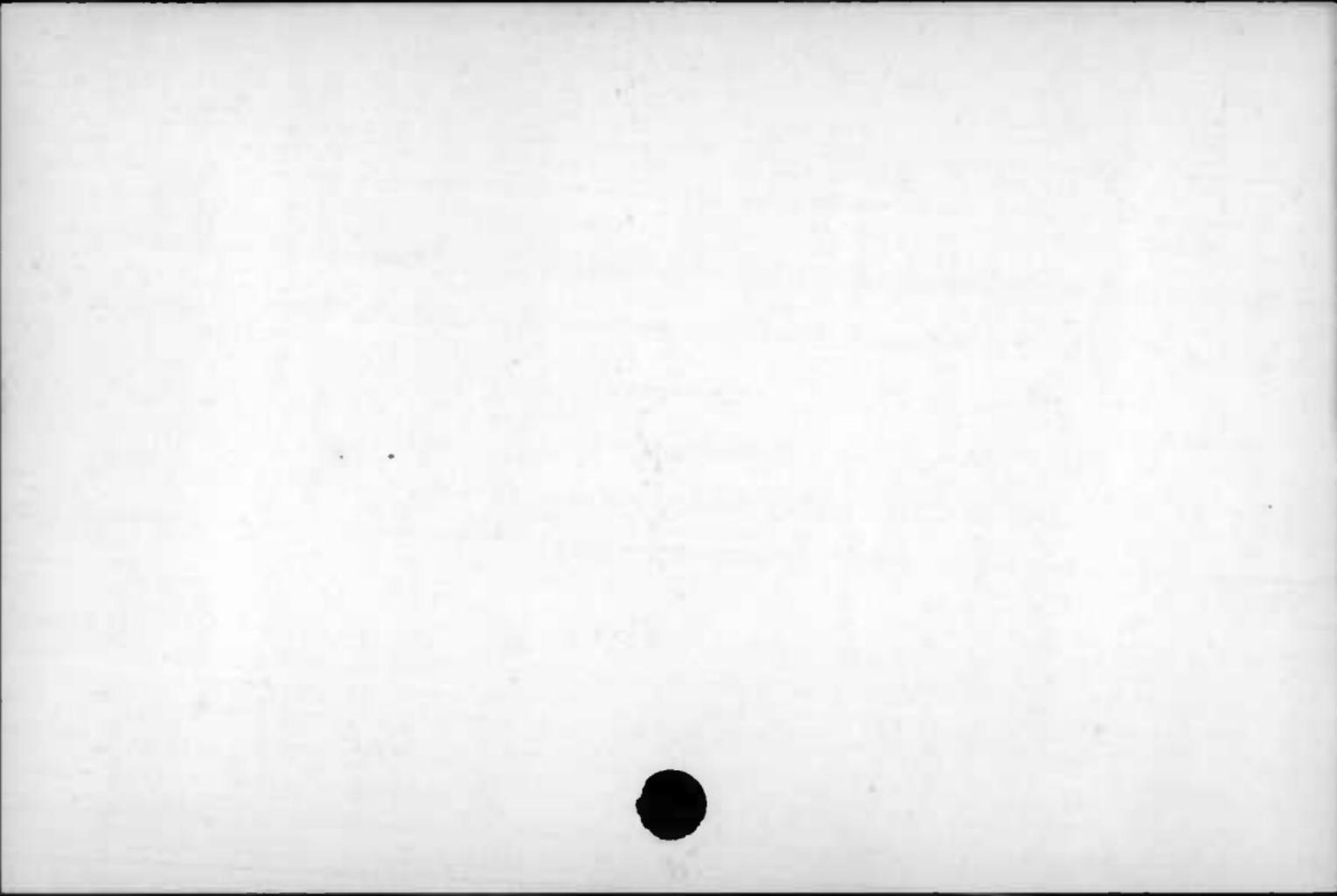
Dr. William

Address

Greensboro

Md.

Accident or Suicide?



Name  
in  
Full

Rush-Jones -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1907	Aug	21	Age	39			
Sex	Female	Color or Race	Cottage		Birth-place	Md.	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Frank Jones -		Father's Birthplace	Md.	
Father's Name	Kirk Johnson -				Mother's Birthplace	Md.	
Mother's Maiden Name	Martha Johnson				How related to deceased		
Name of person giving information	Husband -						

CAUSES OF DEATH

(1)

How long

4 weeks

Primary

Typhoid Fever -

How long

3 weeks -

Immediate

Hemorrhage -

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

Address

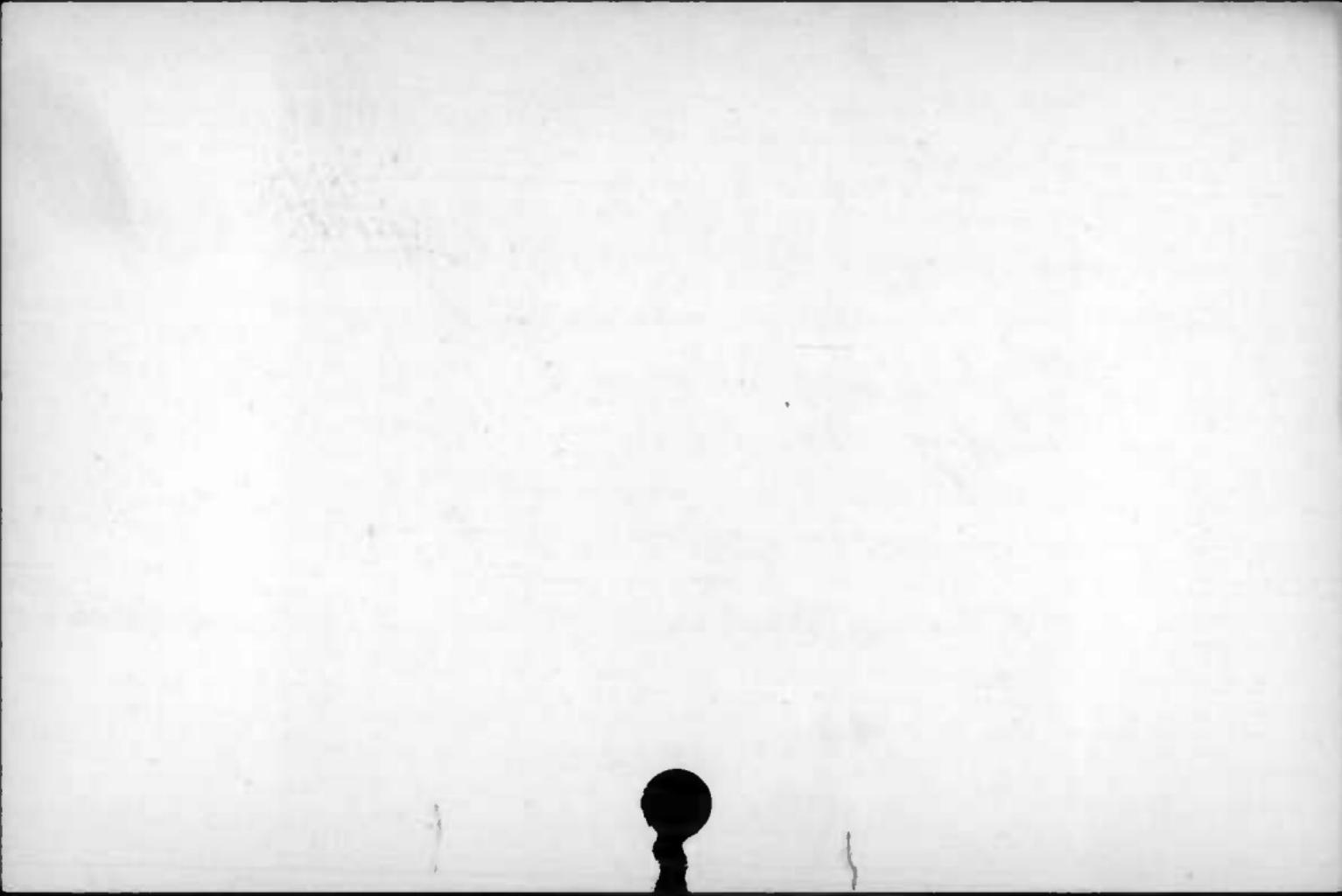
DR Malone  
Greenboro

Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mildred L. Larkford

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month August	Day 8	Years 1
Age	2	Months	4
Sex Female	Color or Race White	Birth-place Hickman	
Occupation Stone	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	W. S.
Father's Name W. J. Larkford		Mother's Birthplace	W. S.
Mother's Maiden Name Eda Melvin		How related to deceased	Father
Name of person giving information W. J. Larkford		How long	Two Weeks

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

Immediate

Microurus

Are the name, age, sex, color, date and place correctly given above?

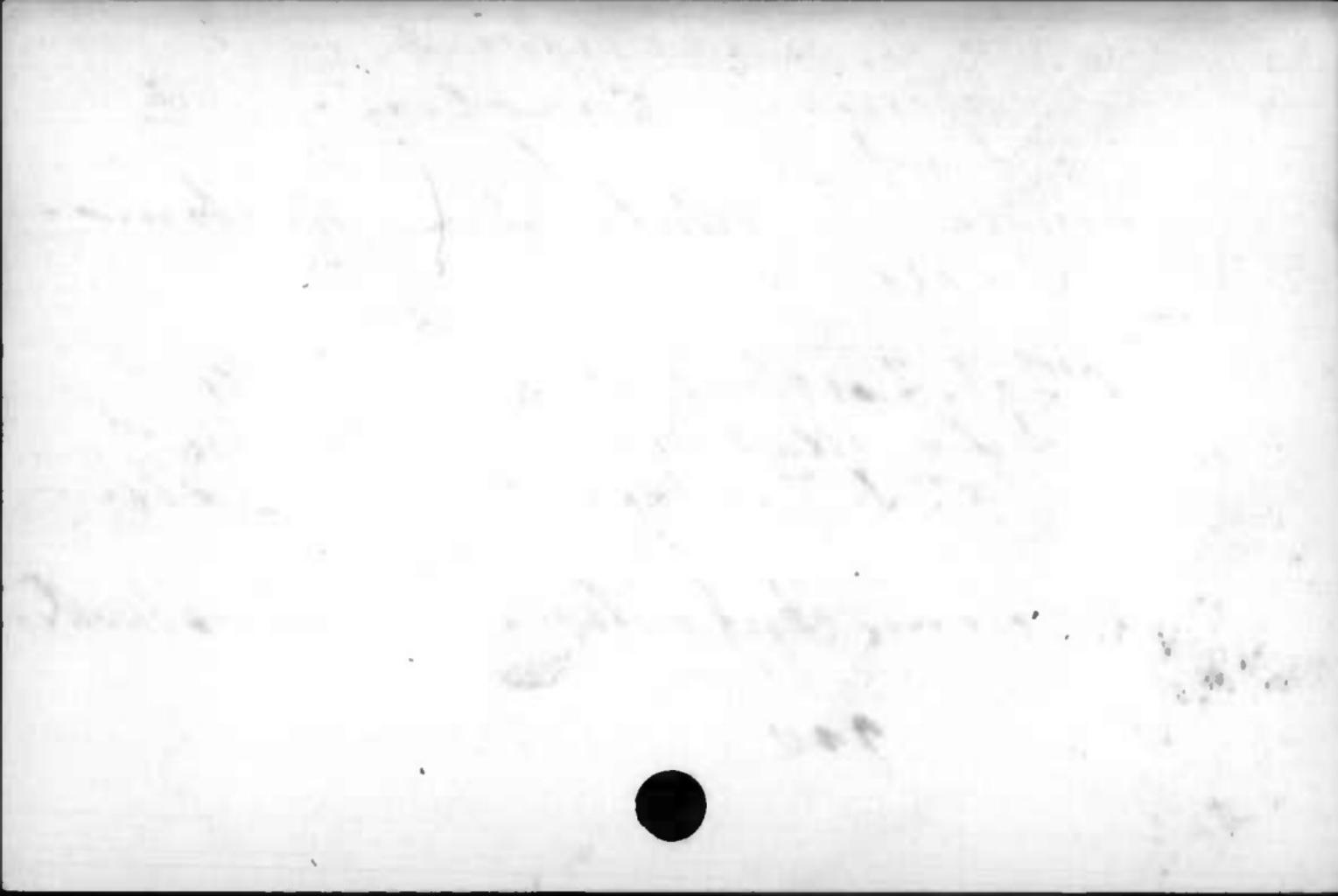
Yes

Signature of Physician

Address

L. W. Summerall

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

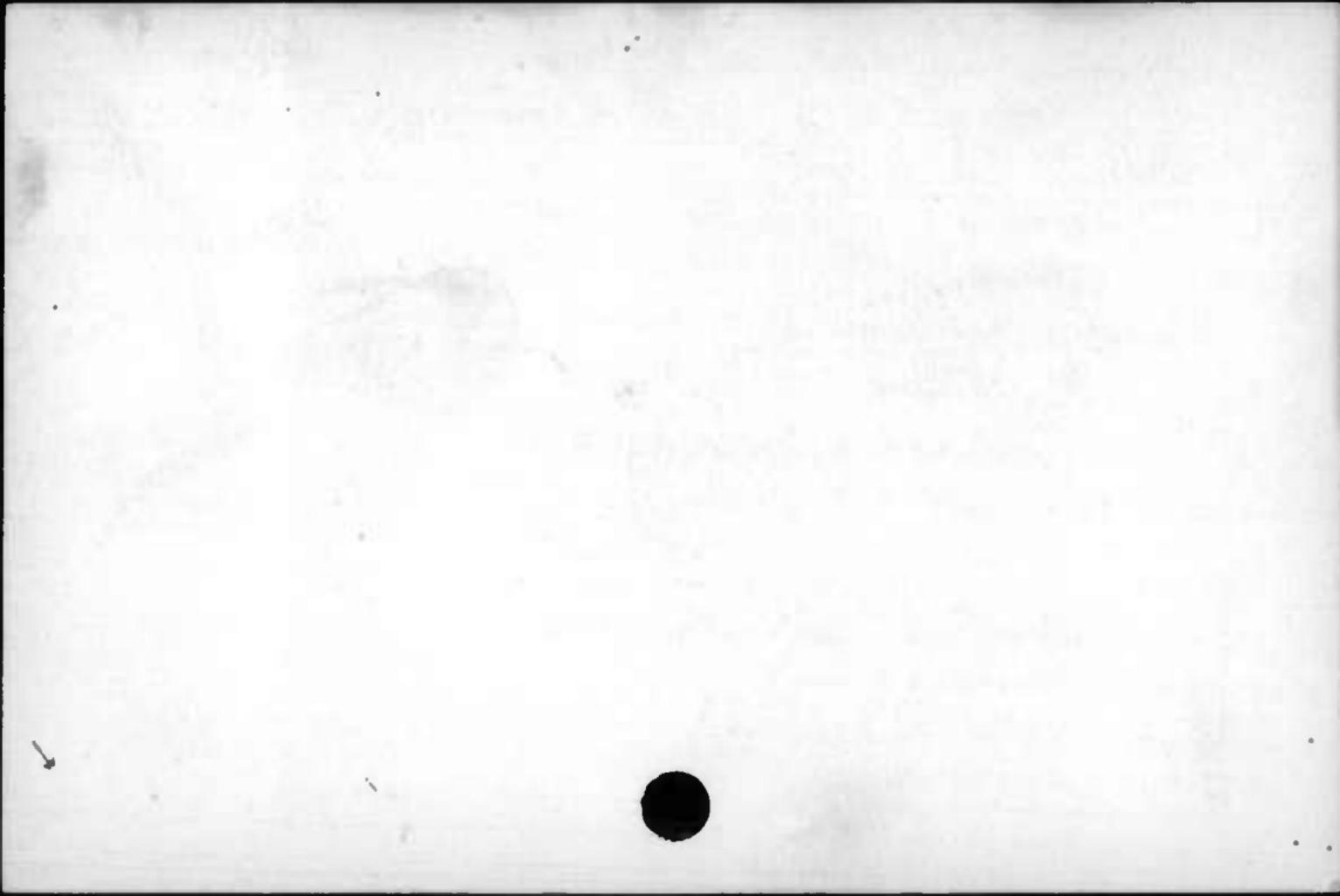
William Lee Loring				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Height	Birth- place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Loring	Father's Birthplace	Md			
Mother's Maiden Name	Mauda Spencer	Mother's Birthplace	Md			
Name of person giving Information	Wm Loring	How related to deceased	Father			
CAUSES OF DEATH						
Primary	Cholera Infestation	How long	105			
Immediate	Burn	How long				

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

James Oscar Manship

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

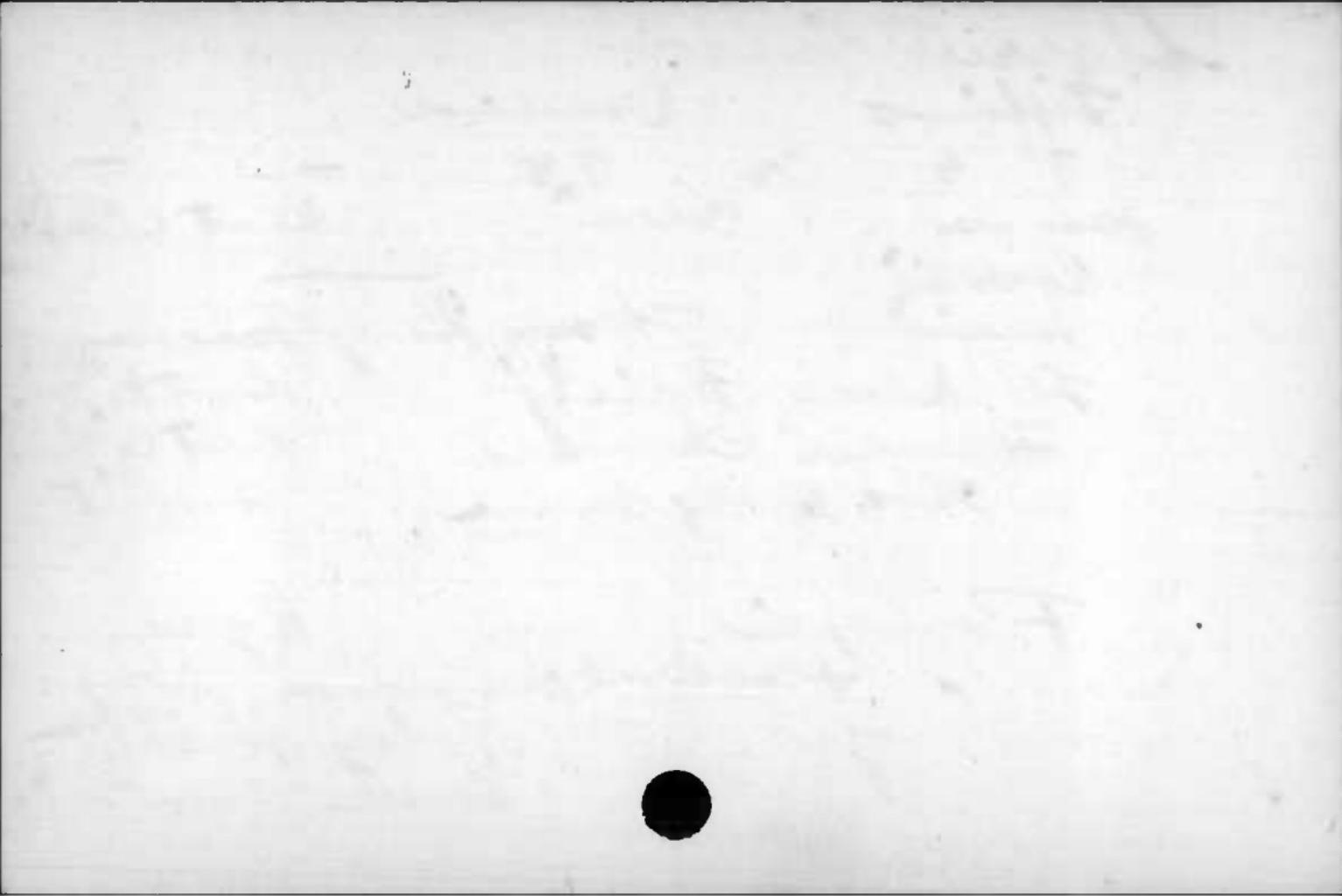
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm Manship		Father's Birthplace	Md.	
Mother's Maiden Name	Hannah May		Mother's Birthplace	N.Y.	
Name of person giving information	James Manship		How related to deceased	Uncle	

CAUSES OF DEATH

130

PHYSICIAN  
OR CORONER

Primary	Hydrocephalus	
Immediate	meningitis & hydrocephalus	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name  
in  
Full

Harriet Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	Colored
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Thomas Henry Mason
Father's Name	Harkless	Frisby	Father's Birthplace Kent Co. Md.
Mother's Maiden Name	Frankie Chonkers		Mother's Birthplace Kent Co. Md.
Name of person giving Information	Thos. Henry Mason	How related to deceased	Husband

CAUSES OF DEATH

64

Hour long

How long

Primary

Paralysis

11 yrs

Immediate

"

Cerebral Hemorrhage

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Robley Hackley  
Lucille Anne Int.

PHYSICIAN  
OR CORONER

Accident or Suicide?

No

Burned Aug 11 at Billings

W. & L

Name  
in  
Full

Melinda

Moor

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

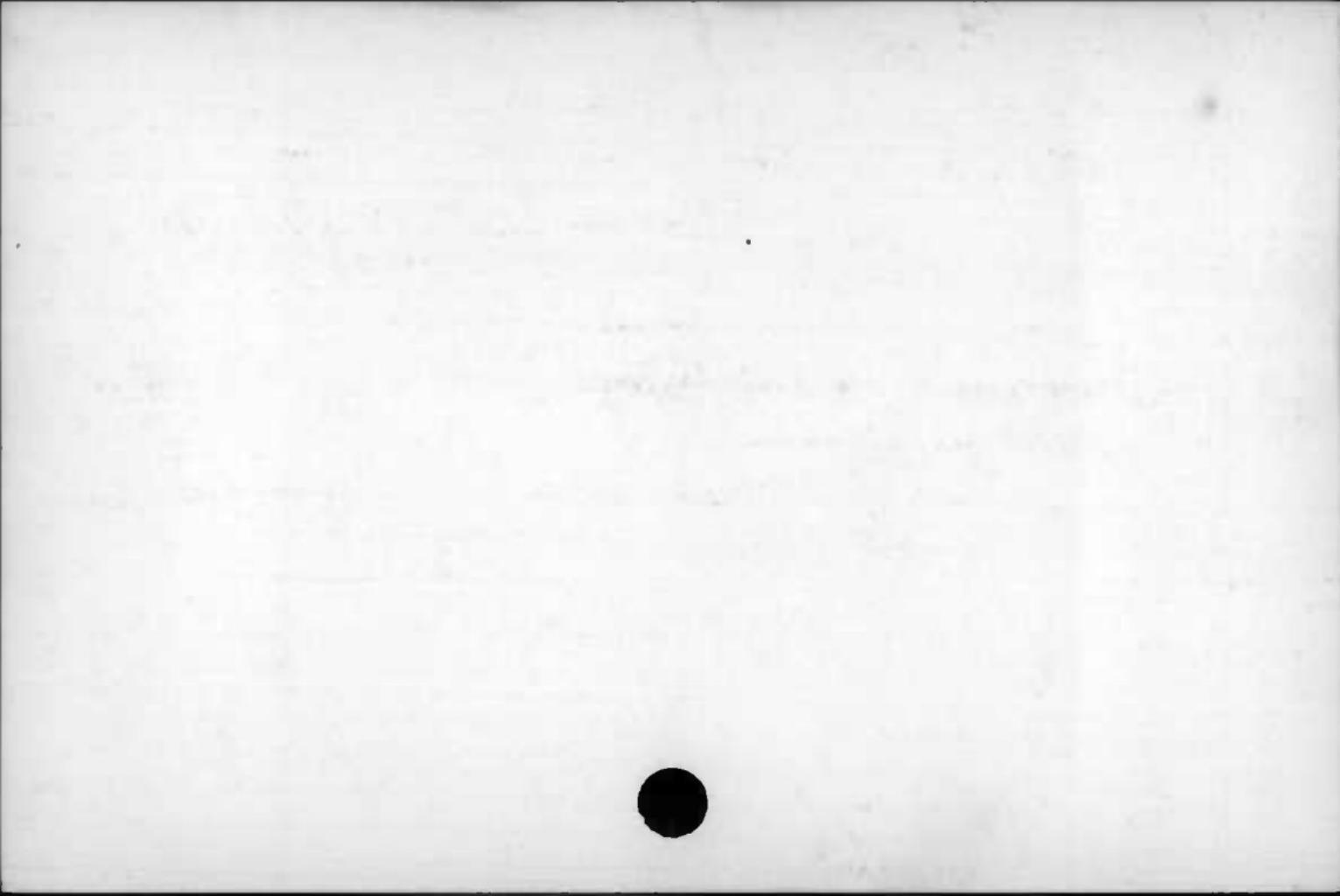
Born at	Wrent	Town	County	MARYLAND	
Date of death	1907	Month 8	Day 6	Years —	Months 10 Days —
Sex	Female	Color or Race	Black	Birth-place	Wrent Md
Occupation				Where Residing if not at place of death	
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	Edward Moor			Father's Birthplace	Navy -
Mother's Maiden Name	Mary Moor			Mother's Birthplace	Wrd.
Name of person giving information	Mary Moor			How related to deceased	Sister

CAUSES OF DEATH

105

Primary	Cholera Infection		How long	2 weeks
Immediate	Cholera Infection		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	T N Miller	
		Address	Wrent Md	
Accident or Suicide?				

6



Name  
in  
Full

Earle Neighbors

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Roland Neighbors	Father's Birthplace	Denton	
Mother's Maiden Name	Ida Ewing	Mother's Birthplace	Denton	
Name of person giving information	Roland Neighbors	How related to deceased	Father	

## CAUSES OF DEATH

(103)

How long

2 weeks

Chronic Infarction

Exhaustion

How long

Immediate

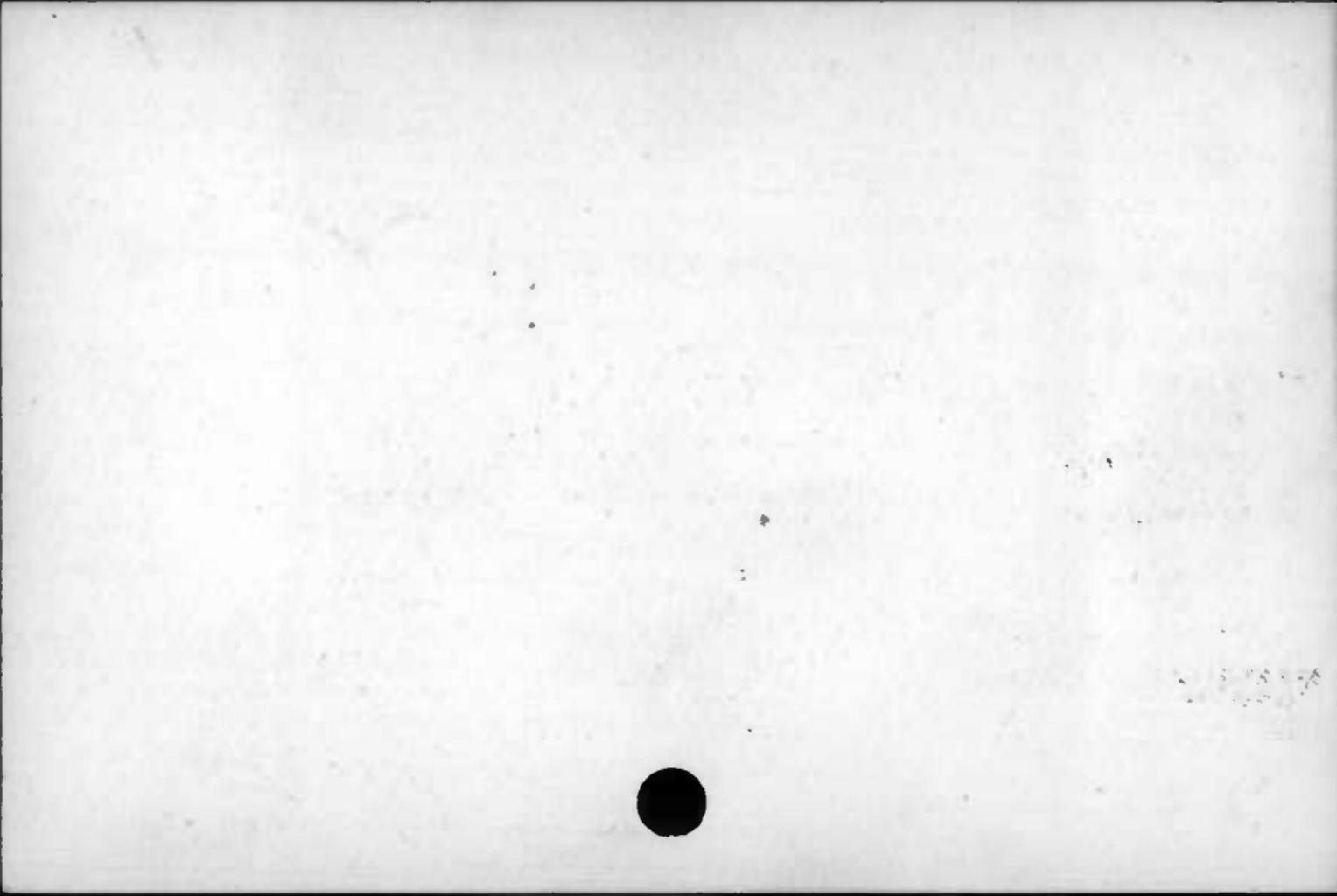
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Nichols  
Denton Md.

Accident or Suicide?



Name  
in  
Full

Florence Nichols -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband	John Nichols			
Father's Name	Albert Price		Father's Birthplace	Del	
Mother's Maiden Name	Irving		Mother's Birthplace	Del -	
Name of person giving information	CH Pritchard -		How related to deceased	nnn	

CAUSES OF DEATH

45°

PHYSICIAN  
OR CORONER

Primary	Renal Carcinoma -		How long	12 weeks
Immediate	Cancer of Uterus & Ovaries		How long	2 weeks -
Are the name, age, sex, color, date and place correctly given above?	Yes -	Signature of Physician	J. R. Linnane	
		Address	Greensboro Md.	
Accident or Suicide?				



Name  
in  
Full

Samuel F Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Samuel Nichols	Father's Birthplace	md
Mother's Maiden Name	Mollie Nichols	Mother's Birthplace	md
Name of person giving Information	Robert Nichols	How related to deceased	son

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Brights

130

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R K Jefferson  
Frederickburg  
md

Accident or Suicide?



Name  
in  
Full

Annie Rebecca Pritchett

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Ridgely	Caroline				
Date of death	Month	Day	Years	Months	Days
1907	Aug	18	7 weeks		
Sex	Color or Race	Birth-place			
female	colored	Ridgely			
Occupation	Where Residing if not at place of death	Ridgely			
Married, Single or Widowed	Name of Wife or Husband				
X					
Father's Name		Father's Birthplace	Ridgely		
Macie Pritchett		Ridgely			
Mother's Maiden Name		Mother's Birthplace	Ridgely		
Justa Thomas		Ridgely			
Name of person giving information	How related to deceased	father			
Macie Pritchett father					

CAUSES OF DEATH

(100)

PHYSICIAN  
OR CORONER

Primary	Lthrush	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	H. H. Pickford
Age	Address	Ridgely Md.
Accident or Suicide?		

To be buried at  
Dumptown  
Jones

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Annie Robinson					CERTIFICATE OF DEATH	
Died at Ridgely		Tow	County Caroline		MARYLAND	
Date of death	1907 August	Month 21	Day	Years	Months	Days
Sex Female	Color or Race Black	Age		25		
Occupation Infant	Where Residing if not at place of death		Md.			Md.
Married, Single or Widowed single	Name of Wife or Husband		George Robinson			Md.
Father's Name			Alice L. Gates			Md.
Mother's Maiden Name			Mother			Daughter
Name of person giving information						

CAUSES OF DEATH

(100)

Primary

Thrush

How long

4 weeks

Immediate

Heart failure

How long

2013 days

Are the name, age, sex, color, date and place correctly given above?

age

Signature of Physician

Address

H. H. Gieseler

Ridgely,  
Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

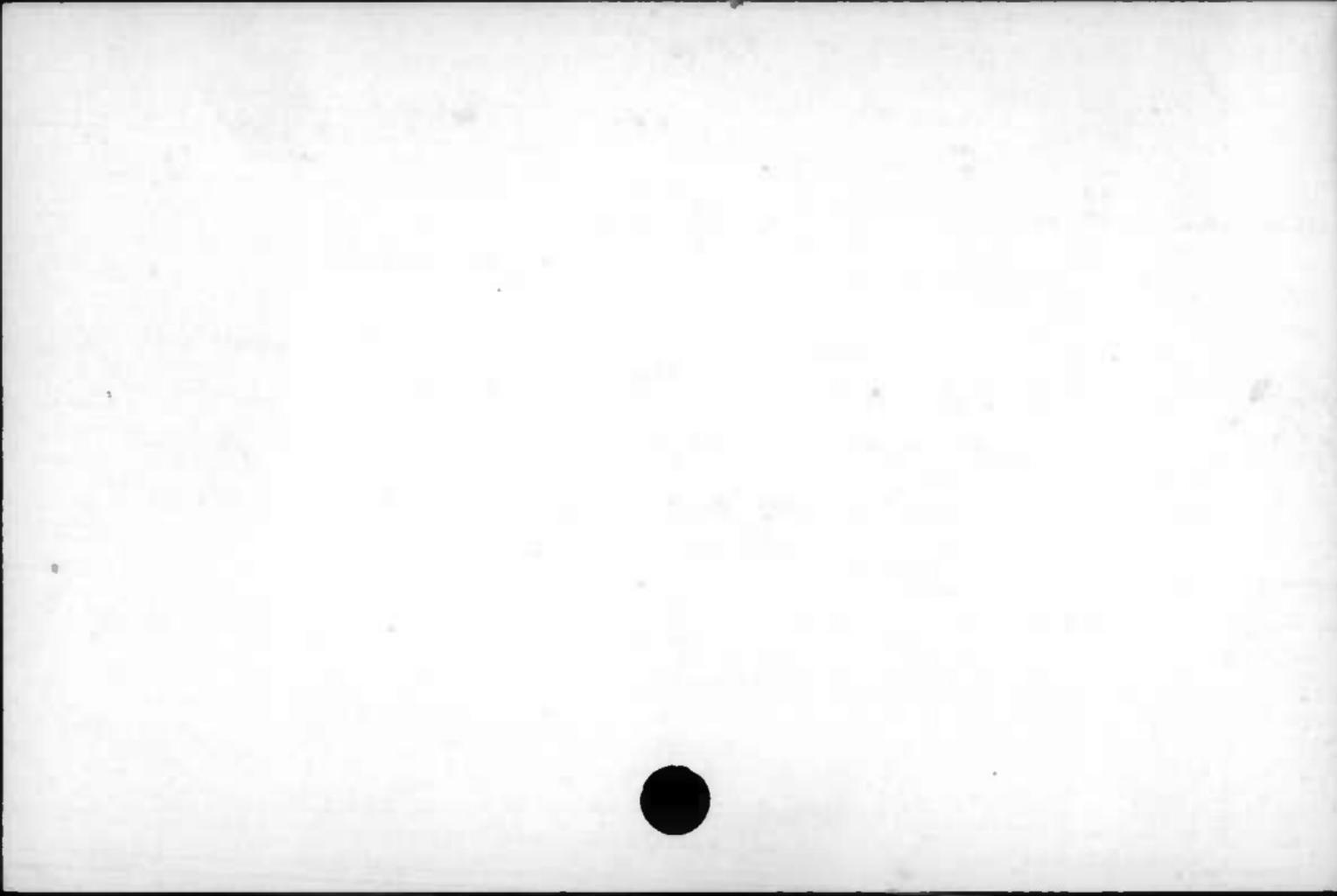
Name in Full <i>James James Scott</i>				Town <i>near Hillsboro</i>			County <i>Caroline</i>		MARYLAND		
Died <i>1907</i>	Month <i>8</i>	Day <i>8</i>	Age <i>1</i>	Years <i>1</i>	Months <i>4</i>	Days <i>11</i>					
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>Caroline Co.</i>								
Occupation <i>None</i>	Where Residing if not at place of death										
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>										
Father's Name <i>H. Conley Scott</i>					Father's Birthplace <i>For.</i>						
Mother's Maiden Name <i>Laura Jones</i>					Mother's Birthplace <i>Mrs.</i>						
Name of person giving Information <i>Conley Scott</i>					How related to deceased <i>Father.</i>						

CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary <i>Enter - colitis</i>	How long <i>1 month</i>	
immediate <i>Hemorrhage</i>	How long <i>Second day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. M. B. Rowland</i>	Address <i>Hillsboro, Md.</i>
Accident or Suicide? <i>No</i>		



Name  
in  
Full

Earle Sipple

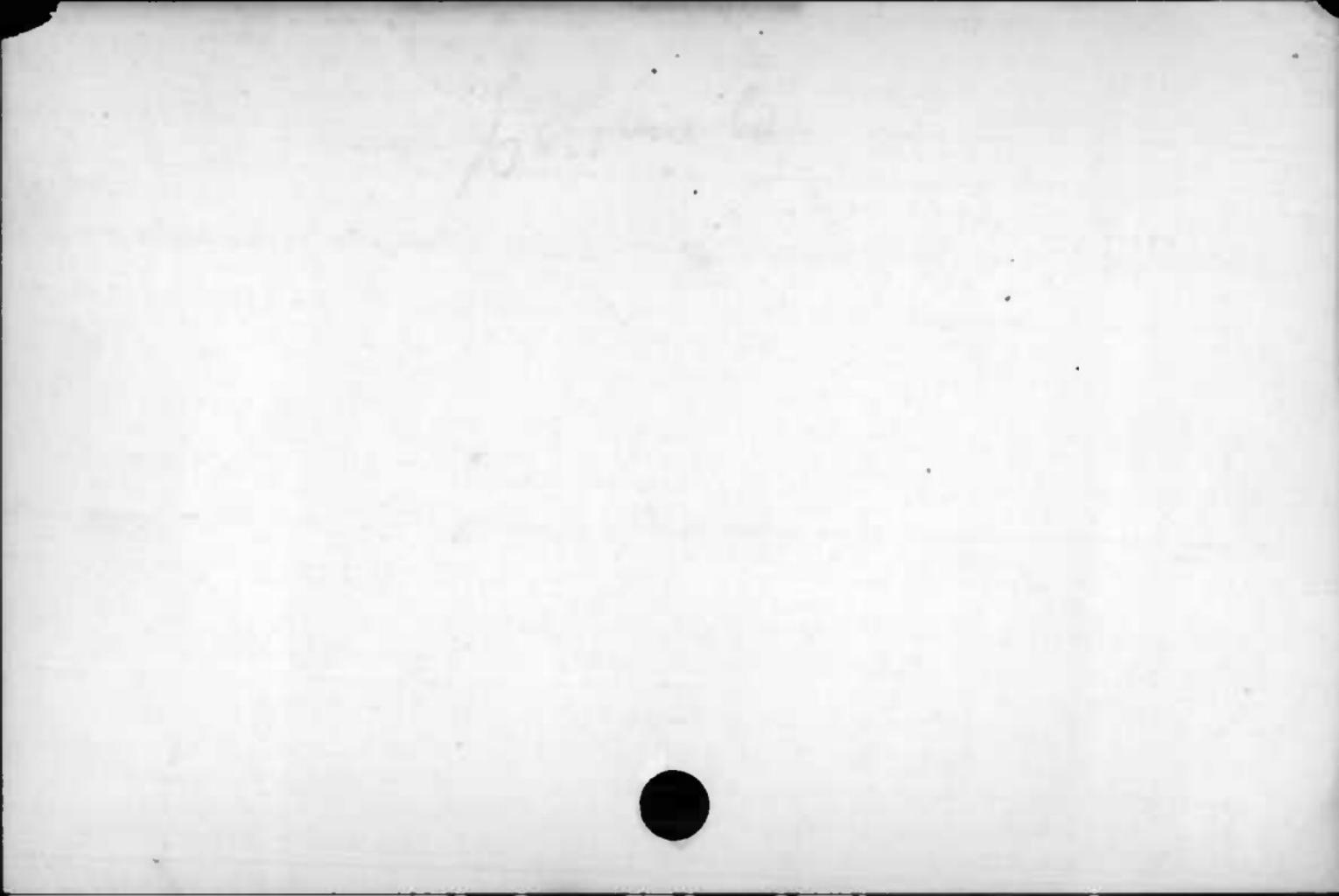
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	State		
	Whitelysprg	Kent	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	8	8	Age		42
Sex	Male	Color or Race	white	Birth-place	W. Va.
Occupation	Infant -		Where Residing if not at place of death	Co.	
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Edward Sipple		Father's Birthplace	Md.	
Mother's Maiden Name	Emma Dill		Mother's Birthplace	Md.	
Name of person giving information	Edward Sipple		How related to deceased	Father	

CAUSES OF DEATH

Primary	Wheezing Cough.		How long	3 weeks -
Immediate	Cap. Bronchitis		How long	several hours -
Are the name, age, sex, color, date and place correctly given above?		yes -	Signature of Physician	DR Malone
			Address	Grenada Ark.
Accident or Suicide?				



Name  
in  
Full

Charles Frances Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Month
1907	Aug.	30	18
Sex	Day	Age	Years
Male	7	73	73
Occupation	Color or Race	Birth-place	Birth-place
Farm	White	Md.	Md.
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Charles Smith	Insannah Smith		
Father's Name	Charles Smith	Father's Birthplace	Md.
Mother's Maiden Name	Arietta Douglas	Mother's Birthplace	Md.
Name of person giving information	Tho Smith	How related to deceased	Son

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Immediate

Suffocation

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

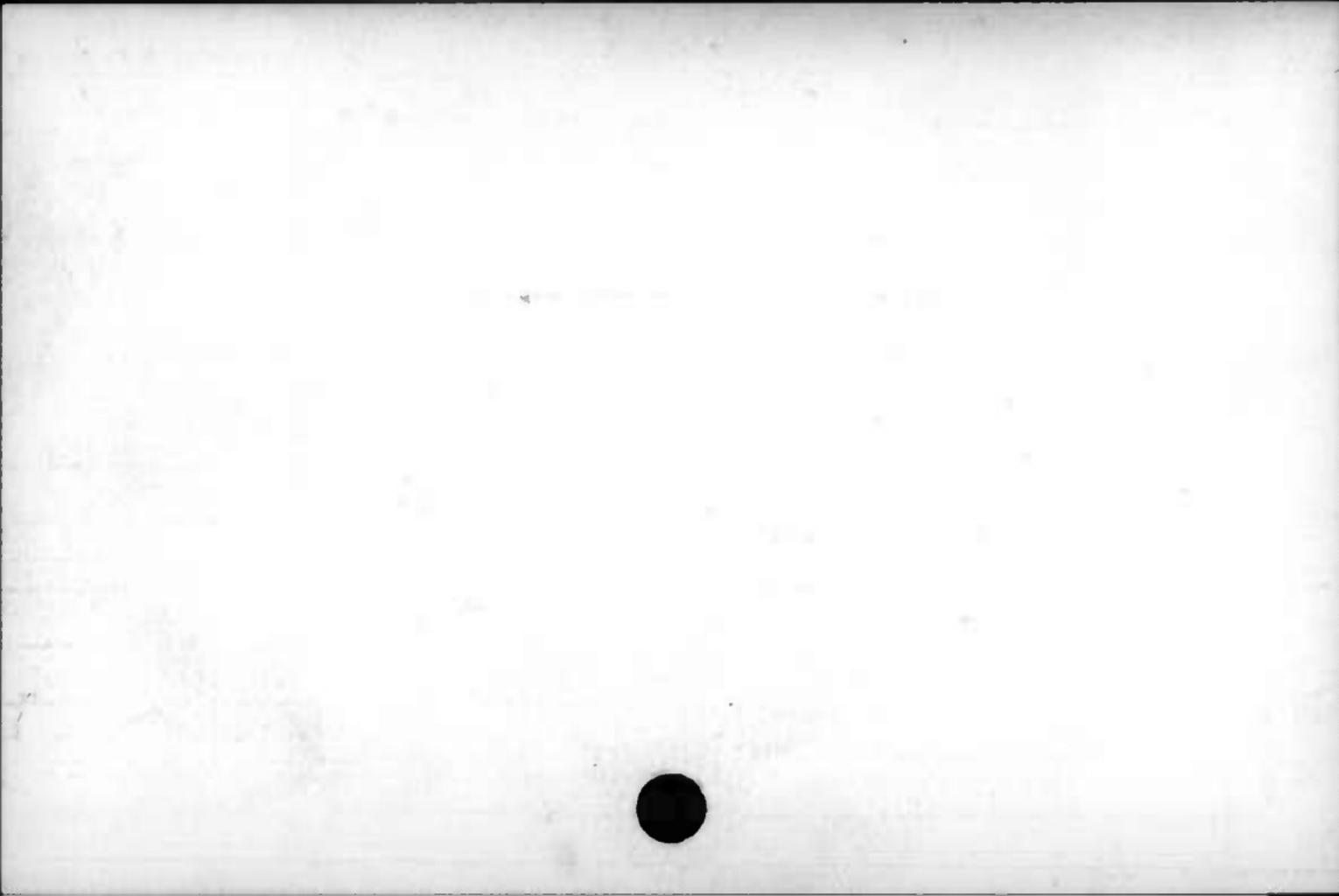
Address

Jas. Alward  
Hobbs

Md

Accident - Suicide?

PHYSICIAN  
OR CORoner



Name  
in  
Full

Orry d Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Black	Birth-place	Maryland	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles L. Stanley	Father's Birthplace	Maryland		
Mother's Maiden Name	Mary E. Lazell	Mother's Birthplace	Maryland		
Name of person giving information	Charles L. Stanley	How related to deceased	Father		

CAUSES OF DEATH

151

How long

How long

20 days

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Marasmus

Are the name, age, sex, color, date and place correctly given above?

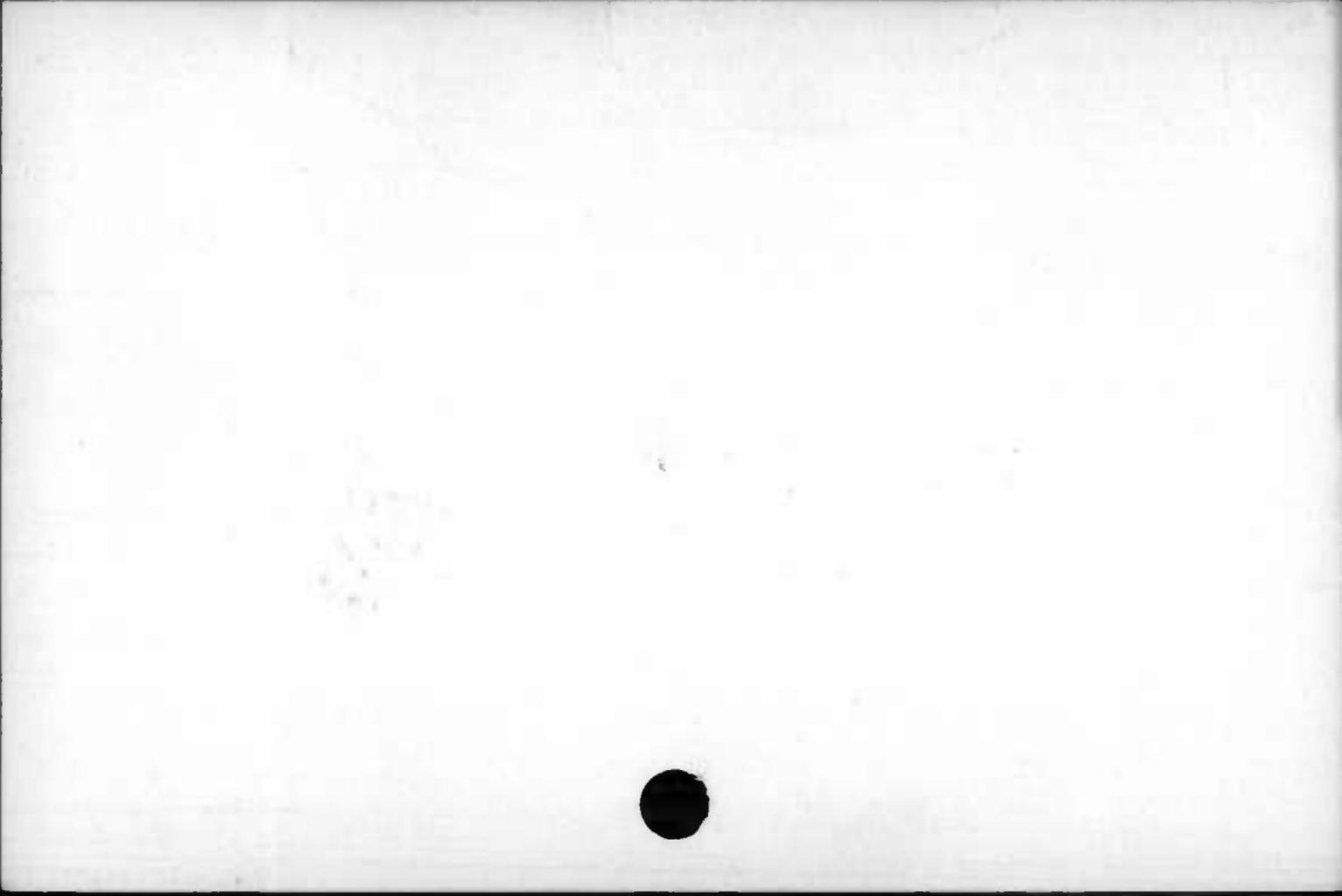
yes

Signature of Physician

Address

J. L. Stobbs  
Preston  
Md.

Accident or Suicide?



Name  
in  
Full

Infant child of James Williams CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hillabrook

Town

County

MARYLAND

Date  
of death

1907 Aug

Month

Day

Years

Age

Months

1 1/2

Days

Sex Female

Color or  
Race

Black

Birth-  
place

Caroline Co.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Ed Williams

Father's  
Birthplace

Da

Mother's  
Maiden Name

Jamie Fisher

Mother's  
Birthplace

Ma

Name of person giving  
Information

Mercellus Brown

How related  
to deceased

None

CAUSES OF DEATH

179

How long

Primary

Malnutrition

since birth

Immediate

—

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

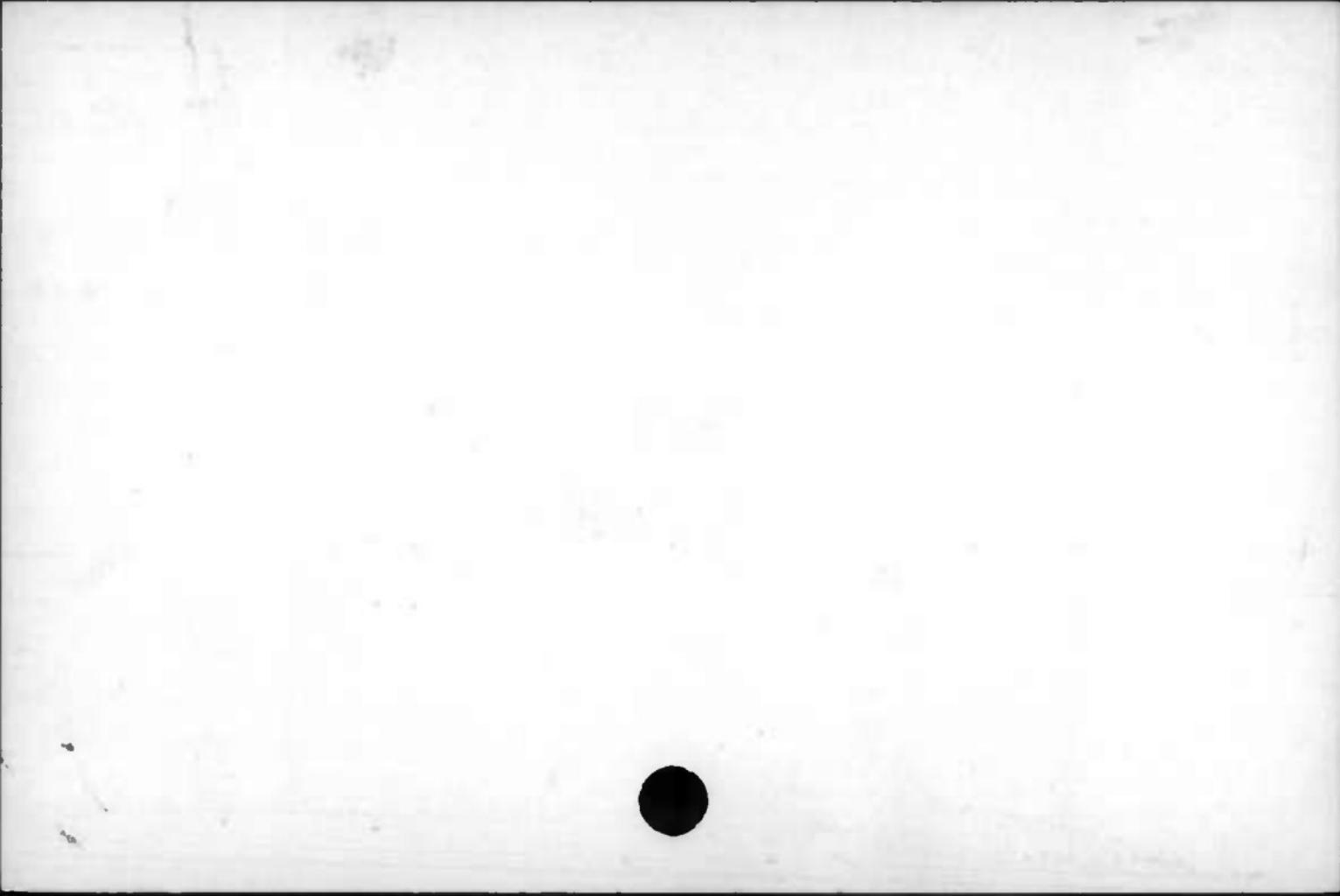
D. W. B. Long, M.D.

Hillabrook,  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

No.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Not Named

Willis

CERTIFICATE OF DEATH

Died at <u>Near Denton</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug.</u>	Day <u>7</u>	Years <u>—</u>	Age <u>—</u>	Months <u>—</u>	Boys <u>6 hours</u>
Sex <u>Girl</u>	Color or Race <u>White</u>	Birth-place <u>Near Denton</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Charles Edward Willis</u>	Father's Birthplace <u>Md.</u>					
Mother's Maiden Name <u>Blanche Goodwin</u>	Mother's Birthplace <u>"</u>					
Name of person giving information <u>B. E. Willis.</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

(157)

How long —

How long —

Primary

Not Known

Immediate

Premature birth.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

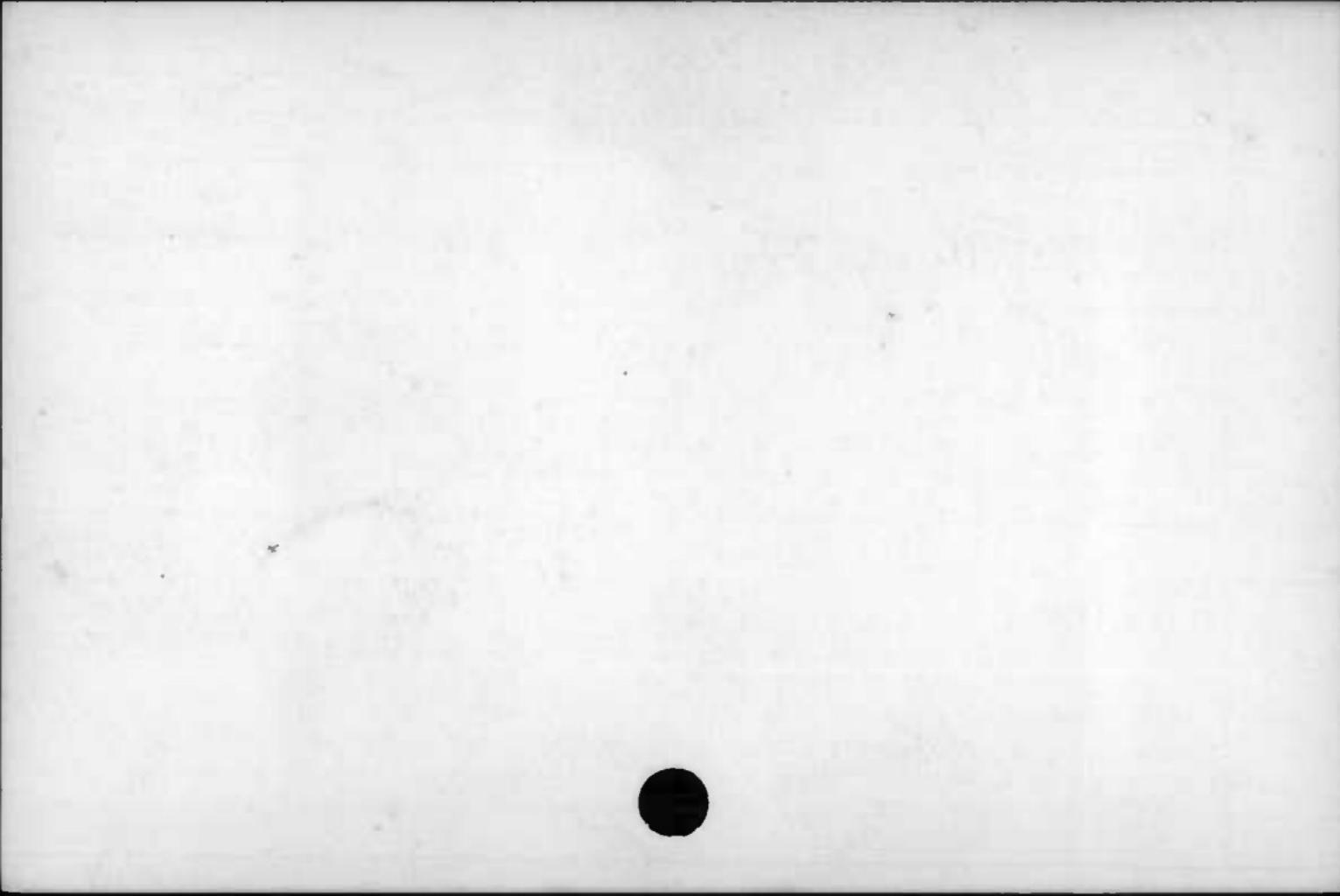
Address

G.W. Simmonds.

Denton

Med.

Accident or Suicide? —



Name  
in  
Full

Lizzie Ellen Wright.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

6

Died in Hillboro	Town	County Caroline	MARYLAND
Date of death 1907	Month 8	Day 4th	Years 24
Sex Female	Color or Race Black	Birthplace Caroline Co..	Months
Occupation Homespouse	Where Residing if not at place of death	—	
Married, Single or Widowed Married	Name of Wife or Husband Lizzie Wright	Father's Name Thomas Chase	Father's Birthplace Caroline Co.
Mother's Maiden Name Mary C. Smith		Mother's Birthplace Caroline Co.	Corrine G.
Name of person giving Information Mrs. Chase		How related to deceased	Father

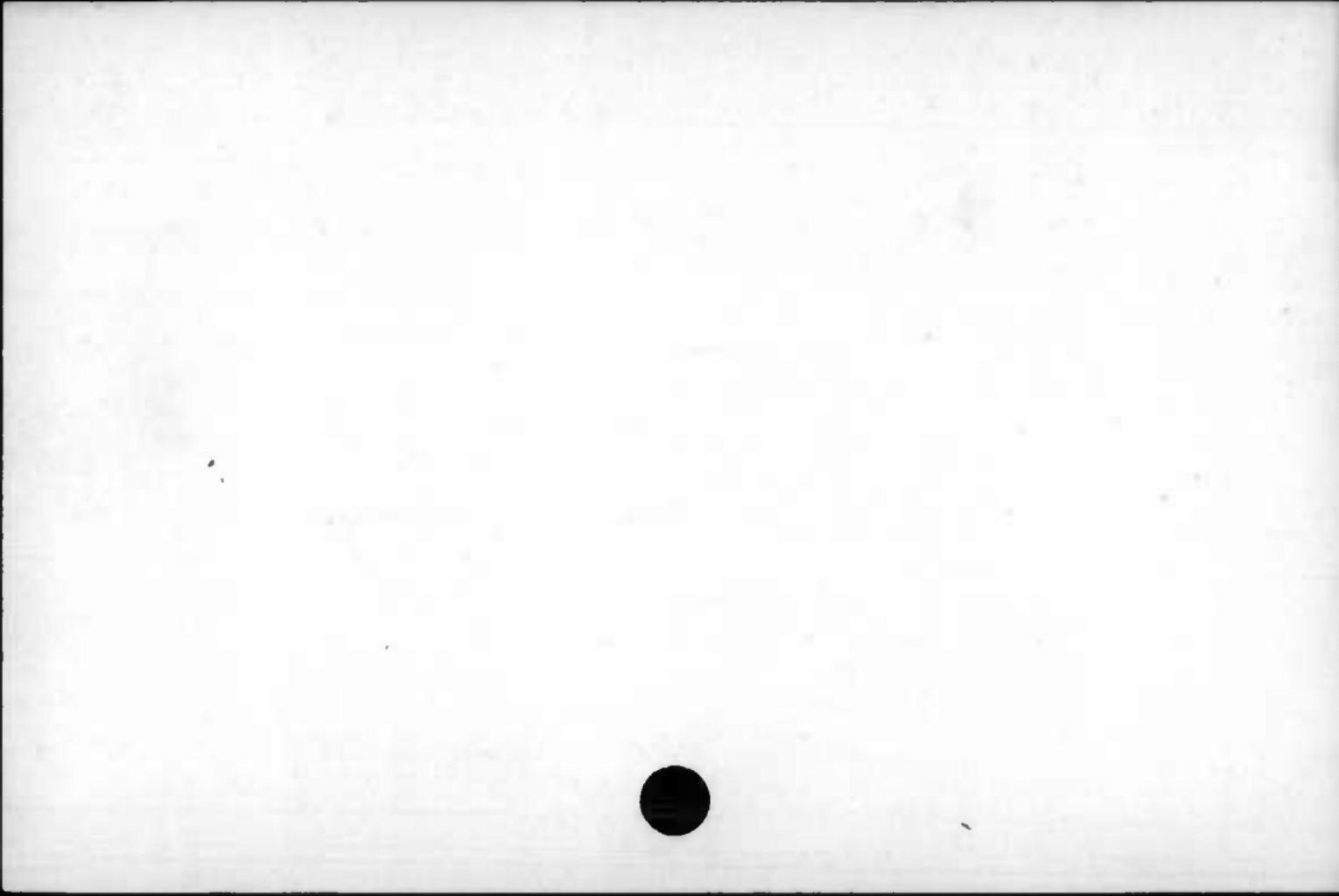
CAUSES OF DEATH

(116)

Primary	Septic Inflection	How long	2 months
Immediate	Pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Dr. W. B. Roberts, M.D.	Address Hillboro, Md.

Accident or Suicide?

M



Name  
in  
Full

Wm Richard Wright  
Chaplain

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Died at	Coronarie			
Date of death 1907	Month July Day 1	Years 10	Months 5	Days 6
Sex Male	Color or Race White	Birth-place Md		
Occupation School boy	Where Residing if not at place of death Chaplain			
Married, Single or Widowed Single	Name of Wife or Husband Noah			
Father's Name Louis R Wright	Father's Birthplace Md			
Mother's Maiden Name Martha Foster	Mother's Birthplace Md			
Name of person giving information Louis R Wright	How related to deceased Father			

CAUSES OF DEATH

118

How long 6 hours

How long 8 hours

PHYSICIAN  
OR CORONER

Primary

Afforded respite

Immediate

General Proctivities

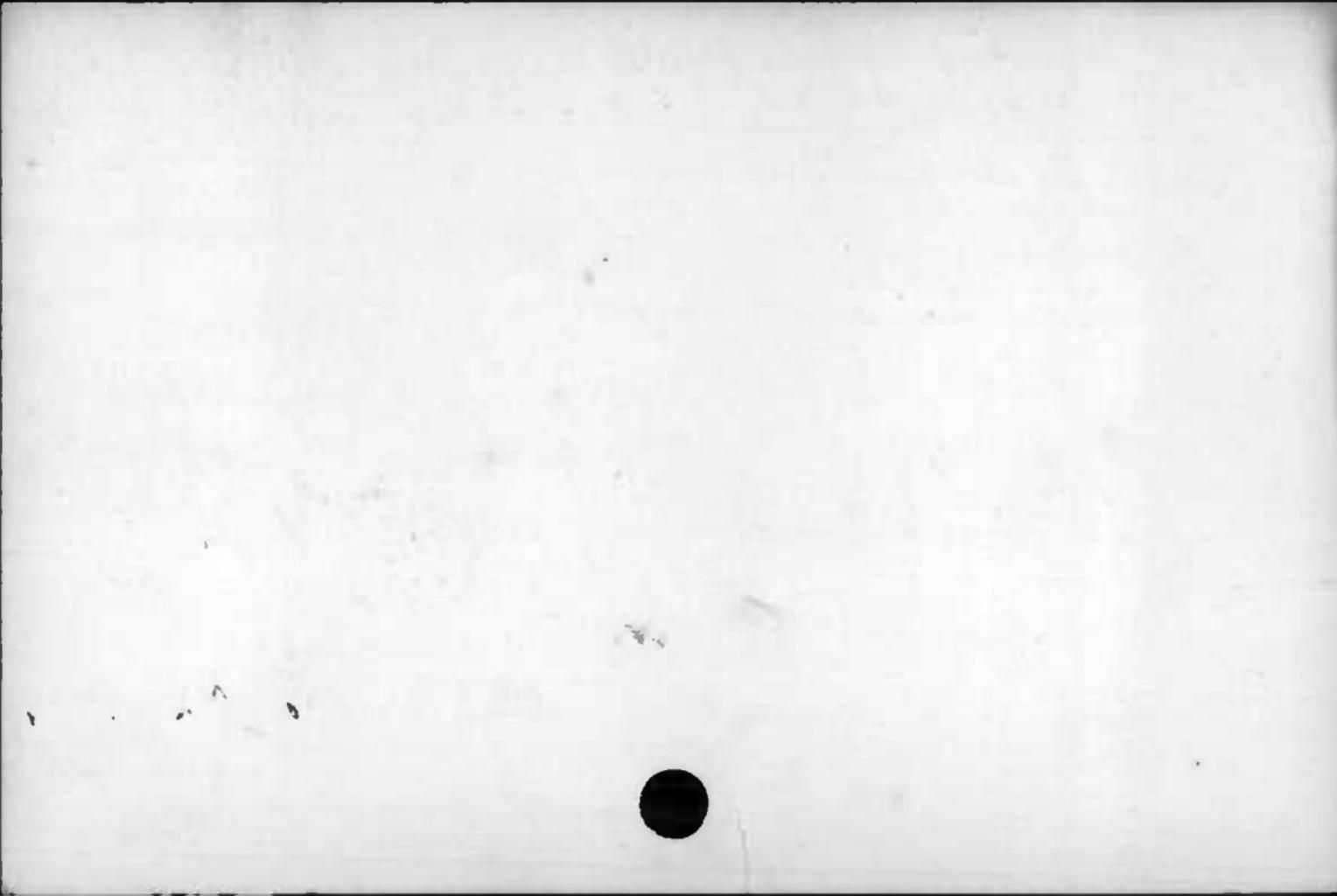
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Raymond Davis  
Proctivities



Name  
in  
Full

Mary Elizabeth Young

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Aug	29	Age		
Sex	Color or Race	Birth-place			
Female	colored	Ridgely			
Occupation	Where Residing if not at place of death				
infant-	Ridgely				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Robert Young	Father's Birthplace	Balbot-		
Mother's Maiden Name	Florence Hamond	Mother's Birthplace	Caroline		
Name of person giving information	Robt Young	How related to deceased	Father		

CAUSES OF DEATH

105

Primary	Cholera Infection	How long	One week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. M. Hickford
		Address	Ridgely, Md.
Accident or Suicide?			

J

